The Rivers C.of E. Academy Trust

Supplementary Admission Information
St. Clement's C of E Primary School and Pre School

Family Information

Surname:-.....

Full Christian Names:-.....

Date of Birth:-.....

Address:-.....

.....

Post Code:-.....

☎.....

Names of Parents/legal guardians:-.....

Names of brother/sister attending this school:-.....

(To be completed by the school)

To be admitted in .....**Class**.....

Date received.....

Religious Application

Church now attending:-

.....

Name of Priest / Minister:-

.....

Are you, as parents, worshippers at church? Yes/ No

Attendance must be at least twice a month for a minimum period of six months prior to application.

Will you please take this form to the priest or minister of your Church to sign.

I am able to confirm this application for a church place.

Signed:-.....

Priest/ Minister.....