

SUPPLEMENTARY INFORMATION FORM

Please use **BLOCK CAPITALS** and return completed form to our office by the end of November. Before completing the form parents are advised to read the school's Admissions Policy on our website: http://www.kingsschoolhove.org.uk/

Child's details						
First names	Surname			Date of birth	Gender	
					NA / E	
					M/F	
	1				<u> </u>	
Parents' / carers' details- please use back page if more space required						
Name & address		Home				
		tel. no.				
		Mobile				
		no.				
		e-mail				
Family connection with school - give details of any brother(s) or sister(s) currently attending King's						
School and the current year group:						
, ,						
Place of worship attended by						
family						
Name & address of Priest/Minister						
Signature of parent/carer				Date of applica	tion	

Part 2: To be completed by your Priest/Minister

Name of Priest/Minister:

Place of worship:					
Address:					
Telephone number:					
Note to Priest / Minister The Governors would be most grateful for your help as we are seeking information about the church attendance of this family.					
Would you please confirm their regular attendance at your church by answering the questions set out below.					
It is the parents' responsibility to return the completed form to: Administrative Office, King's School, Hangleton Way, Hove, BN3 8BN. However, you may wish to return the form yourself on behalf of the parents if they are in agreement.					
To be completed by Priest/Minister					
Parental involvement in the life and work of the place of worship					
Do the Parent(s) / Carer(s) at two years)?					
Or did they regularly attend another recognised church in the last two years? If so, please ask them to download and complete a second page 2 of this form and get it completed by the predecessor priest/minister.					
Is your church recognised by of the Evangelical Alliance?					
Signature					
Office held					
Date					
Church stamp here (if available)					