

**ROLPH CHURCH OF ENGLAND PRIMARY SCHOOL
THORPE-LE-SOKEN**

SUPPLEMENTARY INFORMATION FORM

Pupil's Surname Date of Birth

All Christian Names..... Gender

FULL POSTAL ADDRESS

.....

Post Code Home Phone No

Number of children in family Position of this child in family

Please list brothers/sisters including dates of birth:

Name D.O.B.

Name D.O.B.

Name D.O.B.

Religion Place of Worship

Name of Priest/Pastor

How often do you attend worship?

I confirm that this information is correct

(Signature of Priest/Pastor)

The information on this form is correct to the best of my knowledge and belief.

Signature of Person admitting

(i.e. with parental responsibility)

Relationship

Please print name Mr / Mrs / Ms

TO BE COMPLETED BY SCHOOL OFFICE

REGISTRATION DATE **ADMISSION DATE**
