ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR ANY OF THE SCHOOLS BELOW

Diocese of Derby
THE CHURCH OF ENGLAND

SUPPLEMENTARY FORM FOR CHURCH OF ENGLAND PRIMARY SCHOOLS IN DERBY

All families are welcome to apply. Please fill in this form as fully as possible in block capitals.

NAME OF CHILD: ..... DOB: ..... PARENT/CARER NAME: .....

ADDRESS: .....

TELEPHONE NUMBER(S): .....

CURRENT SCHOOL OR NURSERY: .....

SCHOOL NAME **Please indicate preference**		ADDRESS	TELEPHONE
BISHOP LONSDALE		ST. ALBAN'S ROAD, DERBY, DE22 3HH	344795
ST. JAMES' INFANT		LEONARD STREET, DERBY, DE23 8EG	229229
ST. JAMES' JUNIOR		REGINALD STREET, DERBY, DE23 8FQ	229229
ST. PETER'S JUNIOR		THORNHILL ROAD, LITTLEOVER, DERBY, DE23 6FZ	767158
ST. WERBURGH'S PRIMARY		CHURCH STREET, SPONDON, DERBY, DE21 7LL	673827
WALTER EVANS PRIMARY		DARLEY ABBEY DRIVE, DARLEY ABBEY, DERBY, DE22 1EF	557139

REASON FOR WANTING CHILD TO ATTEND A CHURCH OF ENGLAND SCHOOL	
Child in public care	
Brother or sister attends the school (includes adopted and fostered children) **Please state name(s) and date(s) of birth** **Name..... DOB .....** **Name..... DOB .....**	
Family lives in the normal area of the school	
Family regularly attends the Parish Church or another Church*	
Family would like a Church of England education but does not attend church	
Other	

CHURCH APPLICATION

A. Name of Parish Church or other Church where you normally attend religious services
B. Name of Parish Priest who can verify information in A.
C. Please provide a letter from your priest, minister or pastor to confirm that one or both of the parents/carers regularly (*i.e. at least once a month) attends worship

Please send this Supplementary Form directly to the school you are applying for along with a copy of any letters of support from your, priest, minister, pastor or faith leader.

I verify that the above information is correct.

Signature of Parent/Carer: .....