

**Checkendon C of E (V.A.) Primary School**

**SUPPLEMENTARY INFORMATION FORM**  
Attendance /Involvement at a Church or Place of Worship

Please complete all sections below in full and return to the school

Child's surname.....Forename.....

Date of Birth.....Sex.....

Parent's /Guardian's Name.....

Church/Place of Worship attended (please tick box below as appropriate):

St Peter & St Paul, Checkendon

Other (Please specify).....

Do you attend church at least once a month? Yes/No

Have you done so for the previous 12 months? Yes/No

Are you on the Electoral Roll of this Church? Yes/No

Are you baptized? Yes/No

Have you received Communion at least 3 times in the previous 12 months? Yes/No

Signature of Parent/Guardian

.....Date.....

Please ask your Vicar/Priest to countersign this form below and then return it to the school.

**To the priest/minister**

Please verify the information given by the parent named above Yes / No

Please confirm that your church ascribes to the doctrine of the Trinity Yes / No

I verify that the information given above is correct to the best of my knowledge.

Signature..... Print Name.....

Position..... Date.....