

Westwood Road, Leek, ST13 8DN
Telephone: 01538 714740
office@st-edwards.staffs.sch.uk

CHURCH SUPPORT FORM

Name of Child:

Names of Parents:

Address:

Post Code:

Name of Church:

Name of Minister:

_____ Contact Telephone: _____

Signature of Minister

Dear Minister,

The parents of the above child have applied for a place at St Edward's C of E Academy. I would be most grateful if you could complete the short questionnaire below concerning the pupil or parents' involvement in your church. All replies are in strict confidence and you may either hand the form back to the parents after completion or post direct to school. I would like to thank you for your time and if you need any further information please do not hesitate to contact me at school.

Yours sincerely

Mr. T. Hutchinson
Principal



St Edward's
Church of England
Academy

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1) How long have you known this family?

2) How frequently does the pupil/parents attend worship at your church?

*weekly / monthly / occasionally / rarely / never / other attendance (please specify)

3) Apart from attending worship, are the parents involved in the life of your church? Please give brief details.

4) Are the parents currently on your electoral roll or membership list? *YES/NO

5) Is there any other relevant information you would like to add relevant to this application?

* Please delete as necessary