



## Supplementary Information Form Application for Admission in September 2025 to 2026

St. Katharine's Knockholt Church of England (V.A.) Primary School

Please give your child's details:

Su	rname:	Forename(s):			
Address:			Date of birth:		
			Name(s) of persons with parenta	l respons	sibility:
Postcode:					
Co	ntact Number:	Contact Number 2:			
				Yes	No
1.	Has your child any health reasons for admission to this school? (Please attach medical evidence)				
2.	Are you a member of a Christian church within the parish boundary of St. Katharine's Church, Knockholt? (If yes please attach a clerical reference)				
3.	. Do you live within the Parish boundary of Knockholt?				
4.	If you live outside the Knockholt parish boundary, do you attend St. Katharine's Church Knockholt or St. Margaret's Church Halstead? (If yes please attach a clerical reference)				
5.	Which church do you attend?				
6.	How often do you attend church? (Ple	ase circle)			
	Less than once a month On	ce a month	Fortnightly	Weekly	
7.	Do you hold a position of office within	the church?			

Please ensure you have enclosed a clerical reference to support this application if you wish to be considered under faith criteria. In the event that during the period specified for attendance at worship the church or, in relation to those of other faiths, relevant place of worship, has been closed for public worship and has not provided alternative premises for that worship, the requirements of these arrangements in relation to attendance will only apply to the period when the church, or in relation to those of other faiths, relevant place of worship, or alternative premises have been available for public worship

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