



Supplementary Information Form Application for Admission in September 2026 to 2027

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

Please give your child's details:

Sι	rname:	Forename(s):			
Ac	dress:	1	Date of birth:			
			Name(s) of persons with parenta	al respons	sibility:	
Po	stcode:					
Co	ntact Number:	Contact Number 2:				
			1			
				Yes	No	
1.	,					
2.	(Please attach medical evidence) 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.	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.	6. How often do you attend church? (Please circle)					
	Less than once a month	Once a month	Fortnightly	Weekly		
7.	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

i he ini	ormation	on this	torm is	s correc	to t	ne be	est of i	ny kn	owledge	e and	belief	

	•	•
Signed	Date	