



Hazlemere Church of England Combined School

'encourage one another and build one another up'

Amersham Road, Hazlemere, High Wycombe, Buckinghamshire, HP15 7PZ

01494 521 420 enquiries@hazlemere-ce.bucks.sch.uk

Headteacher Mr B Daniels BBS, QTS, NPQH

Supplementary Information Form

Academic Year: ____ / ____

Child's Details - Full Name of Child: _____

Date of Birth: ____ / ____ / _____

Home Address: _____

Postcode: _____

Parent / Carer Details

- Parent / Carer 1 Name: _____
 - Relationship to Child: _____
 - Contact Number: _____
 - Email Address: _____
 - Parent / Carer 2 Name: _____
 - Relationship to Child: _____
 - Contact Number: _____
 - Email Address: _____
-

Church Attendance Information

This section must be completed and verified by your church minister if applying under faith-related criteria.

- Name of Church Attended: _____
 - Denomination: _____
 - Address of Church: _____
-

- Minister / Leader's Name: _____

- **Minister's Contact Email:** _____
- **Telephone Number:** _____

Attendance

- Has the child and/or family regularly attended services?
 Yes No
- If yes, for how long? _____
- Frequency of attendance (e.g., weekly, monthly): _____

Minister's Verification

I confirm that the information provided above regarding church attendance is accurate.

Signature of Minister / Leader: _____

Date: ____ / ____ / _____

Additional Information

Please provide any additional information that may support your application:

Declaration by Parent / Carer

I confirm that the information provided in this form is accurate and truthful. I understand that providing false information may result in the withdrawal of an offer of a school place.

Signature of Parent / Carer: _____

Date: ____ / ____ / _____

Please return this form directly to Hazlemere C of E School office via email