

**ST PETER'S CHURCH OF ENGLAND PRIMARY
CAVERSWALL**

APPLICATION FORM

NAME : _____

DATE OF BIRTH : _____ **M / F** (please circle)

ADDRESS : _____

_____ **POST CODE :** _____

BAPTISED : ☐ **YES** ☐ **NO**

PARENTS/GUARDIAN : _____

TELEPHONE NO : _____

DETAILS OF INVOLVEMENT IN CHURCH ACTIVITIES :

SIBLINGS ALREADY ATTENDING ST PETER'S :

SIGNED : _____ **DATE :** _____

Please return form to :
St Peter's CE (A) Primary School, Caverswall, Staffordshire, ST11 9EN
Tel : 01782 393118

