



**St John & St James
Church of England Primary School**

Grove Street, Edmonton, London N18 2TL
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Email: office@stjohnandjames.enfield.sch.uk
Website: www.stjohnandjames.enfield.sch.uk



Reception Class Admissions

SUPPLEMENTARY INFORMATION FORM

The form must be completed by the parents or carers of the child who is applying for a place. N.B. the child is the applicant not the parent. Please also make sure you fill in a Borough In-Year admissions form for the Borough of where you live.

SECTION 1: To be completed in all cases in BLOCK LETTERS

A What is the gender of your child? *Please tick relevant box*

BOY	<input type="checkbox"/>
GIRL	<input type="checkbox"/>

B The Child's Legal Surname: _____

C The Child's Legal Forename: _____

E The child's date of birth: _____
**The school will need to see documentation with the child's name and date of birth*

F The Child's home address: _____
**You will need to provide two proofs of address*

G Home Telephone Number: _____

H Parent/Carer Mobile Number/s: _____

**I The name of your child's present
Or previous playgroup, nursery
Or school.** _____
If out of London Borough of Enfield, please advise of which Local Authority and write the full address below.

SECTION 2:

Is the applicant and his or her family, members of and regularly worship at a Church of England congregation or of any other Christian congregation?

Please answer **YES or NO**

If YES, please ask your priest, minister or pastor to complete Section 8.

SECTION 3:

Have you other children who attend St John & St James CE Primary School?

Please answer **YES or NO**

If YES, please give details below:

Child's Name	Age	Current Class

Please note; the school does not have a sibling policy. Parents who already have a child in school should not assume that further children will be automatically accepted.

SECTION 4:

Does your child have a Statement of Special Educational Needs?

Please answer **YES or NO**

If YES, please contact the Named Officer for Primary Under 5s at SEN Services via Enfield Civic Centre on 020 8366 6565 and obtain and complete the following information:

A The date of the Statement:

B The name of the issuing Authority, e.g. Enfield:

If NO, please answer question C:

C Has your child been seen by any other specialist, e.g. Educational Psychologist, Speech Therapist etc. or do they suffer from any medical conditions which they are currently under a health specialist?

Please answer **YES or NO**

If YES, please give details below:

SECTION 5:

Parent/carer statement in support of your child's application.

Please give all your reasons for wanting to send your child to St John & St James CE Primary School. Please continue on a separate sheet if required.

SECTION 6: The Parent/Carers' agreement with the school

We the parent/carer agree to the following should this application be successful.

*Please answer **YES or NO***

- To encourage my child to complete their work to the best of their ability. **YES / NO**

- To set aside time each day to talk and listen to my child and encourage them in all aspects of their learning. **YES / NO**
- To ensure my child attends school every day. **YES / NO**
- To contribute financially to the school redevelopment fund annually. **YES / NO**
- To encourage my child to treat all members of the school community with respect and courtesy.

YES / NO

SETION 7

WE DECLARE that everything stated or undertaken in this document is the true and sincere basis of our application for a place for our child at St John & St James CE Primary School .

Please complete all details below in BLOCK LETTERS, excluding Signatures.

Mother's Full Name including Title: _____

Mother's Signature: _____

Father's Full Name: _____

Father's Signature: _____

Carer's Full Name including Title: _____

Carer's Signature: _____

Date of application: _____

- *THIS FORM must now be given to your priest, minister or pastor if you wish to be considered under criteria 2 - 4, so that Section 8 can be completed.*
- *Please return this form to the School Office. (You may find it useful to photocopy this form for your records.*
- *Please remember to make a note to inform the School of any changes of address or telephone number.*

ADDITIONAL NOTE TO PARENT/CARERS: *Parent/Carers who have moved (or whose priest, minister or pastor has moved) within the last two years are advised in their own interests to obtain where necessary or possible a supporting letter of recommendation from their previous priest, minister or pastor.*

SECTION 8:

To be completed by a priest, minister or pastor (or by an appropriate official Church Officer, if such a person named previously is not available).

Applicant's name: _____ (parent)

Child's name: _____

Minister/Priest/Pastor
Name (Please Print): _____

Signature: _____

Church Address: _____

Telephone Number: _____

Name of Church: _____

Denomination: _____

A Please initial in the appropriate square/s to indicate the family's pattern of church attendance.

	Child	Father	Mother	Other
Weekly				
2 times a month				
Occasionally				

B Please initial in the appropriate square/s to indicate for how long the family's pattern of church attendance has been true.

	Child	Father	Mother	Other
0 – 1 Year				
1 - 2 Years				
Over 2 Years				

C Please give details of any other relevant information.

Church stamp, if available:
