



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

Grove Street, Edmonton, London N18 2TL
Tel: 020 8807 2578 Fax: 020 8807 9785

Email: office@stjohnandjames.enfield.sch.uk
Website: www.stjohnandjames.enfield.sch.uk



Reception Class Admissions September 2023 – JULY 2024

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

GIRL

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:

Do you have 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, Child Development Team 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:

Additional Information Form

Childs name.....

Childs first language

If English is not the child's first language please tick their level of English:

None Basic Developing Fluent

What special needs does your child have in relation to the following:

Education: (Please tick appropriate box)

Communication and Interaction (Please specify):		Cognition and Learning (Please specify):	
Speech, Language and Communication	<input type="checkbox"/>	Moderate Learning Difficulties	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Severe Learning Difficulties	<input type="checkbox"/>
Sensory and/or Physical Needs (Please specify):		Profound and Multiple Learning Difficulties	
Visual Impairment	<input type="checkbox"/>	Specific Learning Difficulty	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Social, Emotional and Mental Health Difficulties	<input type="checkbox"/>
Multi-Sensory Impairment	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>		<input type="checkbox"/>

If you have ticked 'Any Other', please specify:

Which other services or agencies are already involved?

Please provide names, contact details, period of involvement and most recent contact in the boxes below:

Service	Name of Contact & Address	Start of involvement if known	Most recent contact
Education:			
Educational Psychology Service (EPS)			
Behaviour Support Service (BSS)			
Hearing Impairment Service			
Visual Impairment Service			
Other(s)			
Health:			
Paediatrician			
Speech and Language Therapist			
Physiotherapist			
Occupational Therapist			
Child & Adolescent Mental Health Service (CAMHS)			
Other(s)			