

St James and St John Church of England Primary School

4 Craven Terrace London W2 3QD
 Tel: 0207 504 0535
 Email: office@stjstj.co.uk



Please read all sections of this form and the Admissions Policy very carefully before you complete this form. Please complete all relevant sections in full.

IN-YEAR APPLICATION FORM FOR ADMISSION TO ST JAMES AND ST JOHN SCHOOL RECEPTION TO YEAR 6 2027-28

OFFICE USE ONLY

DATE FORM RECEIVED: _____ DISTANCE FROM SCHOOL: _____

Family Details

| | |
|--|---------------------------------------|
| Child's first name | Family name |
| | |
| Date of birth | Boy / Girl |
| | |
| Address (including full post code and London borough) | |
| | |
| Post Code: _____ | Local Authority: _____ |
| Does this child currently have a sibling attending St James and St John school? YES / NO | |
| Name(s) | Class |
| | |
| Parent / carer's* full name | *Carer's relationship to child |
| | |
| Home contact number / mobile | Contact number |
| | |
| Is your child cared for by a local authority or is he/she a previously looked after child? | |
| YES / NO | If YES, which local authority? |
| | |
| Parent / carer's signature | Date |
| I confirm that the above information is correct. | |
| Signed | |

CHURCH ATTENDANCE CRITERIA SECTION

Only complete this part of the form if you are applying under Church attendance criteria 2, 4, or 5 of the Admissions Policy

Place of Worship – Christian Church

| |
|--|
| Name, address and denomination |
| |

TO BE COMPLETED BY A PRIEST/ MINISTER ONLY

Please note that this section of the form must be completed by a priest / minister/ religious leader who is able to do so from personal knowledge of the applicant and family concerned.

| | |
|---|------------------|
| Priest / Minister's name | |
| | |
| Telephone number: | |
| | |
| Has at least one parent/carer attended public worship services at this place of worship for <u>at least 26 weeks per year for a period of two years?</u> | |
| | |
| Signed | Date |
| | |
| Place of worship stamp (if available) | |
| | |

OTHER MAJOR WORLD FAITHS CRITERIA SECTION

Only complete this part of the form if you are applying under Other major world faiths criteria 6 of the Admissions Policy

Place of Worship – Other major world faith

| Name and address | Religion |
|------------------|----------|
| | |

TO BE COMPLETED BY A RELIGIOUS LEADER ONLY

Please note that this section of the form must be completed by a priest / minister/ religious leader who is able to do so from personal knowledge of the applicant and family concerned.

| | |
|--|-------------|
| Religious Leader's name | |
| | |
| Telephone number: | |
| Has at least one parent/carer attended public worship services at this place of worship <u>at least 26 weeks per year for a period of two years OR can you confirm they are committed members of the faith community?</u> | |
| | |
| Signed | Date |
| | |
| Place of worship stamp (if available) | |
| | |