

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.

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO ST JAMES AND ST JOHN SCHOOL RECEPTION TO YEAR 6 2026-27

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	

PRIEST / MINISTER/ RELIGIOUS LEADER'S SECTION

Only complete this part of the form if you are applying under criteria 2, 4, 5 or 6 of the Admissions Policy

Place of Worship

Name, address and denomination	Religion

TO BE COMPLETED BY A PRIEST/ MINISTER/ 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.

Priest / Minister / Religious Leader's name	
Telephone number:	
1. Has the child been baptised?	
2. Have the parents/guardians attended public worship services at this place of worship at least 26 weeks per year for a period of two years?	
Signed	Date
Place of worship stamp (if available)	