

# St James and St John Church of England Primary School

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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 2025-26

**OFFICE USE ONLY**

DATE FORM RECEIVED: \_\_\_\_\_ DISTANCE FROM SCHOOL: \_\_\_\_\_

### Family Details

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

## 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 <u>at least 26 weeks per year for a period of two years?</u>	
Signed	Date
Place of worship stamp (if available)	