



**ST JOHN'S CE PRIMARY SCHOOL**  
**THEOBALDS PARK ROAD, ENFIELD, MIDDLESEX EN2 9BD**

**IN-YEAR ADMISSION FORM- STRICTLY CONFIDENTIAL**

The Governors and Head Teacher of St John's CE Primary School are registered as Data Users under the terms of the Data Protection Act.

FOR OFFICE USE ONLY: ROLL NO: \_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

BIRTH CERTIFICATE SEEN \_\_\_\_\_ PROOF OF ADDRESS SEEN \_\_\_\_\_ ETHNIC MONITORING FORM REC'D \_\_\_\_\_

PARENTS ARE ASKED TO COMPLETE BOTH SIDES OF THE FORM BLOCK CAPITALS. PLEASE PRINT CLEARLY.

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Known Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male / Female Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Borough: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Email Address for receiving school emails: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Surname: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Surname: \_\_\_\_\_

To whom should the correspondence be addressed: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Surgery Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Any medical conditions of which the school should be aware: \_\_\_\_\_

**Emergency Contacts: Please give as many contacts as possible, e.g. parents' work details, child minder, grandparents, aunts, uncles, friends, neighbours, etc.**

Mother's work: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

Father's work: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

Previous playschool/nurseries/school which your child attended: \_\_\_\_\_

Child's Ethnic Origin: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Position of child in family: (e.g. 1<sup>st</sup>, 2<sup>nd</sup> etc.) \_\_\_\_\_

Names and dates of birth of brothers/sisters in school: \_\_\_\_\_

Names and dates of birth of other brothers/sister: \_\_\_\_\_

Usual mode of transport to and from school: \_\_\_\_\_

Child's Special Educational Needs/ Other relevant information: \_\_\_\_\_

**Home Reading Scheme-** I wish for my child to be involved in the Home Reading Scheme and undertake to return all books or other reading apparatus on the appropriate days. I also agree to keep books carefully and safely. I understand that there is a charge for lost or damaged books (currently £3) and agree to pay this.

**Education Day Visits-** I give permission for my child to take part in occasional off-site educational visits arranged by the School for which a voluntary contribution may be required.

**Educational Visits in the Local Area-** I give permission for my child to be taken on visits in the local area on foot, i.e. St John's Church and Hilly Fields etc, as they occur. The children will always be under adult supervision according to the London Borough of Enfield's Guidelines

**Medical-** In the event of my child requiring hospital treatment and the School not be able to contact me, I understand an ambulance may be called or my child taken to hospital, accompanied by a member of staff, and give permission for such treatment as the hospital thinks necessary to be carried out in my absence.

**Acceptance of Place-** I accept the place offered for my child to be admitted to St John's CE Primary School under the conditions stated below:

- to my child's attendance at Church Services held by the School.
- to upholding and supporting school policies on behaviour and discipline and school uniform.
- to contributing to the School Maintenance Fund (currently £ annually, per child towards the upkeep and maintenance of the school building).

Signature of Parent/Guardian..... Date.....



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**Theobalds Park Road, Enfield, Middlesex, EN2 9BD**  
**Tel: 020 8363 4709**

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**CHURCH INFORMATION**

What criteria are you applying under?

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Name and denomination of church which family attends, length of attendance and frequency:

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Name of Church of England Parish in which you live:

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Name of Minister (who can confirm your church /attendance):

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Address of Minister:

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N.B. If you have moved recently, please give the name and address of your previous minister

Signed (parent/guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Child's Name:

.....

**CLERGY REFERENCE**

The parents/guardians of the child named above have applied for a place at this school and have given your name as a referee. Would you kindly complete this form. Thank you for your help

Is your church Anglican?

YES/NO

If no, is your church either a full or associate member of the Churches Together in Britain and Ireland or the Evangelical Alliance?

Full member/Associate member

Have the family worshipped at your church at least twice a month for a period of a year:

YES/NO

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Minister/Incumbent: \_\_\_\_\_

Date: \_\_\_\_\_