

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

## **SUPPLEMENTARY INFORMATION FORM FOR RECEPTION 2023/24**

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.

PLEASE FILL IN CLEARLY AND RETURN TO ST. JOHN'S NO LATER THAN FRIDAY 13 JANUARY 2023.

Child details		
Forenames:	Surname:	
Known Name:	Date of Birth:	
Gender: Male / Female		
Address:		
	Borough:	
Postcode:	Home Phone No:	
Parental details		
Parent's First Name:	Parent's Surname:	
Telephone Number:	Email address:	
Address (if different from above):		
<u>Guardian/Carer</u> (if appropriate)		
First Name:	Surname:	
Telephone Number	Email address:	
Sibling (s) who will still be attending St. John's School in September 2023		
Name:	Date of birth:	
Name:	Date of birth:	
I confirm that the information set out in this supplementary Information is true and accurate		
Signed (parent(s)/guardian(s)/carer(s))	Date:	



## ST JOHN'S CE PRIMARY SCHOOL Theobalds Park Road, Enfield, Middlesex, EN2 9BD Tel: 020 8363 4709

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CHURCH INFORMATION		
What criteria are you applying under?		
Name and denomination of church which family attends, length of attendance and frequency:		
Name of Church of England Parish in which you live:		
Name of Minister (who can confirm your church /attendance):		
Address of Minister:		
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:	