



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

**SUPPLEMENTARY INFORMATION FORM FOR RECEPTION 2027/28**

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 16 JANUARY 2027.

---

**Child details**

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

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

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

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

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

**Parental details**

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

**Guardian/Carer** (if appropriate)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address: \_\_\_\_\_

**Sibling (s) who will still be attending St. John's School at the time of admission**

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**

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

**CHURCH INFORMATION**

What criteria are you applying under?

---

Name and denomination of church which family attends:

---

Has at least one parent regularly worshipped at the above named church for at least twice a month for the past year:

Yes/No

---

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 England? 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: \_\_\_\_\_