

St John's CofE Primary School
Lemsford Village, WGC AL8 7TR



Supplementary Information Form for 2027-2028

Your Child's Details

Name of Child (in full):
.....
Date of Birth.....

Applicant Details

Mr/Mrs/Miss/Ms/other:
Name:.....
Home Address:
.....
Postcode:
Tel.No:
Relationship to child:

Application Criteria

Please state under which criterion/criteria of the Governors' Admissions Policy you are making this application:

Criteria- Rule

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:

Closing date for normal admission round Reception Applications:
15 January 2027.

Further Information

- Applicants under **Criteria 5 or 6** should ensure that the brief statement overleaf, **confirming regular church attendance by one or both of the child's parents at least once a month for the year immediately before the time of application**, is completed by their Priest/Minister.

I confirm that the information I have given on this form is correct.

Signed: Full Name:

Date:

Reminder: Parents also need to complete the Local Authority application form.

Criteria 5 or 6 Only: Commitment to a Christian place of worship

(confirmation of regular attendance at worship over the last 12 months by at least one of the child's parents)

Name of applicant for a place at St John's School, Lemsford:

Name/address of Church attended by parent(s):
.....

I confirm that has/have attended worship regularly (at least once a month for the past months) atChurch.

In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.

Signed: (Priest/Minister) Name:

Address.....

Date: Contact telephone number:

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Further statement if more than one Church attended in the last year

Name of applicant for a place at St John's School, Lemsford:

Name/address of Church attended by parent(s):
.....

I confirm that has/ have attended worship regularly (at least once a month for the period to)
at..... Church.

Signed: (Priest/Minister) Name:

Address.....

Date: Contact telephone number: