

## Supplementary Information Form for 2024/25

**Section A: ALL PARENT(S)/CARER(S) FILL THIS IN IF YOU HAVE OTHER CHILDREN AT ST JOHN'S:**

Child's Details:		
<b>Child's Name:</b>		
<b>Date of Birth:</b>		
<b>Applying for which Year Group:</b>		<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
Legal place of residence:		
		<b>Postcode:</b>
<b>Main Telephone Number:</b>		

**SECTION B: Application under Priority 2: Attendance at a Church**

To be completed by the Minister/Vicar	
<b>I confirm that the parent/guardian of the child named above has attended:</b>	
<b>Name of Church:</b>	
<b>And has attended public worship twice a month for the 12 months immediately prior to this date of application.</b>	
<b>Name:</b>	<b>Church Stamp or attach a compliment slip/letterhead</b>
<b>Position:</b>	
<b>Contact Number:</b>	

**SECTION C: Application under Priority 3: Siblings attending St John's CE Primary School**

<b>Does your child have siblings attending St John's School?</b>	Yes	No
<b>Name(s) of siblings:</b>		
<b>Current Year Group(s)</b>		