



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

SUPPLEMENTARY INFORMATION FORM NURSERY 2025/26

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 24 JANUARY 2025.
Children may enter the Nursery Class at the beginning of the academic year 2025 if they are born between 1st September 2021 and 31st August 2022.

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): _____

Guardian/Carer (if appropriate)

First Name: _____ Surname: _____

Telephone Number _____ Email address: _____

Sibling (s) who will still be attending St. John's School in September 2024

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: _____



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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?

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:

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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: _____