



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

**SUPPLEMENTARY INFORMATION FORM FOR RECEPTION 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.

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PLEASE FILL IN CLEARLY AND RETURN TO ST. JOHN'S NO LATER THAN FRIDAY 10 JANUARY 2025.

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**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 2025**

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?

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Name and denomination of church which family attends, length of attendance and frequency:

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Name of Church of England Parish in which you live:

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Name of Minister (who can confirm your church /attendance):

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Address of Minister:

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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: \_\_\_\_\_