



*St John the Divine C of E Primary
School*

Supplementary Church Form 2019 -2020

(To be completed if you are applying under admissions criteria 2 and 3)

Section 1

Parents/Guardians must complete section 1 of this form if they wish to be considered under the church criteria.

After section 1 of this form has been completed, please make an appointment to see your Parish Priest for him/her to complete and sign Section 2.

Section 1 is to be completed in full by all applicants who are applying under admissions criteria 3, 4 or 5

NAME OF CHILD.....D.O.B.....

NAME OF PARENT(S).....

ADDRESS.....

.....

TELEPHONE NUMBER.....

NAME AND ADDRESS OF CHURCH YOU ATTEND:

.....

.....

.....

NAME OF PARISH PRIEST:.....

HOW OFTEN DO YOU ATTEND THIS CHURCH? (Please circle)

Weekly

Twice Monthly

HOW LONG HAVE YOU ATTENDED THIS CHURCH?.....YEARS

I certify that the above information is accurate and true and I have read the admission policy:

SIGNED.....

(Parent/Guardian)

Section 2- To be filled in by the Parish Priest

The parents/guardians of the child named in section 1 of this form have applied for a place at St John the Divine Church of England Primary School and have given your name as a referee. In order to be able to consider each applicant for this oversubscribed school, we ask you to answer the following questions as fairly and accurately as possible.

In order to fulfil the criteria parents/carers should be faithful and regular worshippers, ie attending church twice a month for one year prior to application.

Thank you for your help.

Please state the name and address of your church:

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Do you agree that the information given in section 1 of this form is true and accurate and is in line with the school's admission policy? YES/NO

If no, would you please state why:

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Please state any other relevant information which would help the Admission Committee make a decision regarding this application:

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Your full name and address:.....

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.....Phone Number:.....

Signed:.....Date: