



QUEST



ST. JOHN'S C. of E. PRIMARY SCHOOL, ABRAM

**Admission to Reception Class September 2024
Supplementary Information**

Child's Chosen Name

Child's Legal Name *(if different)*

Date of Birth **Home Telephone No.**

Address *(including postcode)*

.....

Siblings attending St. John's C. of E. Primary School, Abram at the time of admission and in which class:

.....

Worship Attendance

Are you and your child regular worshippers at Abram St. John the Evangelist Church?

Yes

No

If yes, please attach your child's church attendance cards to this form. *(If you require these to be returned to support your child's application to a Church High School in the future, please ask at the school office from September 2018 onwards.)*

Are you and your child regular worshippers at another Christian Church?

Yes

No

If yes, please state name and telephone number of your minister and place of worship

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Please ensure a completed Clergy Reference Form is attached.

Baptism

Has your child been baptised?

Yes

No

If yes, please state date and place of Baptism?

Date..... **Place**

Please note - all information provided on this form will be verified with Church records and/or personnel.

In line with GDPR, I consent to the personal information given on this form being used in the admission process and I understand this information may be shared with other organisations as necessary.

Signed..... Date

Parents/carers must return this supplementary information form as detailed in the information for parents - Admissions to Primary Schools 2024/25