



Chief Executive Officer  
Mr. M. Doyle

**QUEST TRUST**  
**St. John's C. of E. Primary School, Abram**  
Simpkin Street, Abram, Wigan, WN2 5QE  
Tel: 01942 703465



Headteacher  
Mrs L. James

**Registration Of Interest Form**

<b>Child's Legal Name:</b>	<b>Child's preferred Name:</b> <i>(if different)</i>
<b>Date of Birth:-</b>	<b>Address:-</b>
<b>Gender:</b> <i>(Please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Father's Name:-</b>	
<b>Mother's Name:-</b>	<b>Home Telephone/Mobile No:-</b>
	<b>Email address:-</b>
<b>Does your child have a statement of special educational needs or any other problem which could affect his/her learning?</b>	
<b>Have you any other children attending St. John's C. of E. Primary School? YES/NO</b>  If YES - Please state Name and Class:-	
<b>What are your reasons for choosing this school?</b>	

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 .....

**IMPORTANT - an application for a place at St. John's, Abram can only be made by completing a special Local Authority application form. This form and further information will be forwarded to you in due course.**

*For School use only*

Receipt and other information given to parent/carer by .....

Received by ..... Date .....

✕ .....

Parent/Carer Receipt

Registration of Interest form received by ..... on .....