



PLEASE COMPLETE IN BLOCK CAPITALS

(OFFICE USE ONLY)

LEGAL SURNAME					UPN				
LEGAL FORENAME					ID SEEN/COPIED	Birth Certificate			
PREFERRED FORENAME						Utility Bill			
DATE OF BIRTH					START DATE				
FULL ADDRESS					GENDER				
POSTCODE	EMAIL ADDRESS				BOY	GIRL			
HOME TELEPHONE	MOBILE TELEPHONE				FAMILY				
Siblings in School	YES		NO		1 2 3 4 5 6 7 8 (cross the no. of children and circle the child's position in the family)				
NAME OF SIBLING(S)					ASYLUM SEEKER				
(1)					YES	NO			
(2)					REFUGEE				
(3)					YES	NO			
NAMES OF PARENT(S)/CARER(S) WITH WHOM THE CHILD LIVES									
(1)									
(2)									
NAME AND ADDRESS OF PREVIOUS SCHOOL / NURSERY (IF APPLICABLE)									
REASON FOR LEAVING									
DAY TIME CONTACT									
1ST MAIN CONTACT					2ND MAIN CONTACT				
NAME					NAME				
ADDRESS					ADDRESS				
TELEPHONE					TELEPHONE				
RELATIONSHIP TO CHILD					RELATIONSHIP TO CHILD				
ESSENTIAL MEDICAL INFORMATION									
DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?									
ECZEMA	YES		NO		ASTHMA	YES		NO	
MIGRAINE	YES		NO		EPILEPSY	YES		NO	
DIABETES	YES		NO		SIGHT PROBLEMS	YES		NO	
ALLERGIES	YES		NO		HAY FEVER	YES		NO	
ANY OTHER CONDITION									
IF SO, WHAT?									
WHAT IS THE NORMAL TREATMENT?									
ANY OTHER INFORMATION RELEVANT TO THE CONDITION (PLEASE ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)									
DOES YOUR CHILD WEAR GLASSES IN SCHOOL?	YES		NO		IS YOUR CHILD TOILET TRAINED ? (NURSERY ADMISSIONS ONLY)	YES		NO	
DOCTOR									
Please give the name and address of your child's doctor									
NAME					TELEPHONE No.				
ADDRESS									

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SEN

DOES THE CHILD HAVE (AS FAR AS YOU ARE AWARE) HAVE ANY SPECIAL EDUCATIONAL NEEDS?

NO		YES		IF YES, PLEASE EXPLAIN THE NATURE & EXTENT OF THIS	
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SUPPORTING STATEMENT

PLEASE STATE YOUR REASONS FOR WANTING YOUR CHILD TO BE ADMITTED TO ST JOHN OF JERUSALEM SCHOOL
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All applications will be considered, however an application does not guarantee a place at the school. Each application will be considered with reference to the admissions criteria.

RELIGIOUS ATTENDANCE

Please ensure you have completed the separate religious supplementary form to accompany your application. This will need to be signed by your Vicar, Pastor, or Religious Leader for Parents/Carers applying under criteria points 2,5,6, & 7 of the School admission policy.

Print Name		Date	
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Signed Parent/Carer	
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