

SUPPLEMENTARY INFORMATION FORM 2010
ST. JOHN'S CHURCH OF ENGLAND INFANT/NURSERY SCHOOL
ASHTON ROAD EAST FAILSWORTH
M35 9PN

In the event that there are more applicants than places, the Governing body will allocate places using the criteria in our Admission Policy and Procedures. In order to assist this process we require the following information to be returned to the Chair of Governors at the school address by **23.10.09**.

NAME OF CHILD(Male/Female)

DATE OF BIRTH.....

ADDRESS (Including Postcode)

.....

NAME OF PARENT **TELEPHONE NUMBER**.....

1. Is your child in Public Care? (Looked after child LAC) **YES / NO**

2. Does your child have medical or social needs that can only be met at this school?
(Supporting evidence must be provided) **YES / NO**

3. Has your child any brothers or sisters attending St. John's C. of E. Nursery / Infant or Junior School at the time of admission? **YES / NO**

Name of Child **Year Group**.....

4. Does your child regularly worship at St. John's Church? (At least 12 times per calendar year)
This must be verified by a written reference from a member of the clergy or another designated officer. **YES / NO**

5. Does your child attend another place of worship? (At least 12 times per calendar year) This must be verified by a written reference from a designated officer. **YES / NO**

Name and address of Place of Worship

Name and title of designated officer.....

N.B. Please read Admission Policy and Procedures in conjunction with this Supplementary Information Form.

Signature of Parent.....**Date**.....

It is the responsibility of the parent to ensure school has received the completed Supplementary Information Form.
If applying for Reception please ensure the LA Application Form has been completed and returned to Oldham. Thankyou.