



St John's C of E Primary School

Hertford Road, Digswell, Welwyn, Herts AL6 0BX

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SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO THE RECEPTION CLASS 2025 – 2026

When completed, this form should be returned to the Clerk to the Governors c/o St. John's School. All applications will be acknowledged within one week of receipt, if a stamped addressed envelope is enclosed. Please note that you must also complete the County Primary Application.

Please refer to the Governors' Admission Policy and criteria before completing this form.

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM

Child's Surname _____ Date of Birth _____

Christian Names _____

Address _____

Post Code _____ Telephone Number _____

E-mail address: _____

Are you applying for a **FOUNDATION** place? Yes ☐ No ☐

Do you take an active part in the life and worship at any of the following churches?

- | | | |
|--|--------------------------|-----------------------------|
| 1. St. John the Evangelist, Monks Rise | <input type="checkbox"/> | |
| 2. Christ the King, Haldens | <input type="checkbox"/> | Please tick appropriate box |
| 3. Digswell Village Church | <input type="checkbox"/> | |

Will there be a sibling in the school at the time of admission to the Reception Class?

Yes ☐ Please give name(s) of sibling(s) _____

No ☐

I hereby apply for a place in the Reception Class for admission in the year **2025 – 2026** for my above-named child. I confirm that I have read and understand the Governors' Admissions Policy and criteria.

Signed: _____ (Parent/Carer)

PLEASE PRINT NAME: _____

Title (Mr/Mrs/Ms/Other) : _____ Date: _____

