



# St John's C of E Primary School

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## SUPPLEMENTARY INFORMATION FORM FOR IN YEAR ADMISSIONS

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: \_\_\_\_\_

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 your application?

Yes ☐ Please give name(s) of sibling(s) \_\_\_\_\_

No ☐

I hereby apply for an In Year school place 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: \_\_\_\_\_