



Application for Admission

**Your Child's Details**

Name of Child (in full): .....

.....

Date of Birth.....

Applicant Details

Mr/Mrs/Miss/Ms/other: .....

Name:.....

Home Address: .....

.....

Postcode: .....

Tel.No: .....

Relationship to child: .....

Application Criteria

Please state under which criterion/criteria of the Governors' Admissions Policy you are making this application:

Criteria

1:

2:

3:

4:

5:

6:

**Closing date for Applications:      15 January 2018**

Further Information

- Applicants under **Criteria 4 or 5** should ensure that the brief statement overleaf, **confirming regular church attendance at least once a month for the last year**, is completed by their priest/minister.
- If your child has a Statement of Special Educational Needs or Education Health Care Plan, naming St John's Lemsford please indicate here:       Yes

*I confirm that the information I have given on this form is correct.*

Signed: ..... Full Name: .....

Date: .....

Reminder: Parents also need to complete the Local Authority application form.

**Criteria 4 or 5**

**Commitment to a Christian place of worship**

(confirmation of regular attendance over the last 12 months)

Name of applicant for a place at St John's School, Lemsford: .....

Name/address of Church attended by parents: .....  
.....

*I confirm that ..... have attended regularly (at least once a month for the past ..... months) at ..... Church.*

Signed: ..... (Priest/minister) Name: .....

Address.....

Date: ..... Contact telephone number: .....

\* \* \* \* \*

**Further statement if more than one Church attended in the last year**

Name of applicant for a place at St John's School, Lemsford: .....

Name/address of Church attended by parents: .....  
.....

*I confirm that ..... have attended regularly (at least once a month for the period ..... to .....)  
at..... Church.*

Signed: ..... (Priest/minister) Name: .....

Address.....

Date: ..... Contact telephone number: .....