



**Supplementary Information Form (SIF) 2024-25**

***Please complete all relevant sections of this form in support of your application for a place at St John's CEVA Primary School.***

***Once completed, the SIF form should be passed to your current Church Minister/Faith leader who will sign it and return it to St John's CEVA Primary School.***

***This form MUST be returned by the deadline of Monday 15<sup>th</sup> January 2024 for all Reception Class applications or it may not count towards your application for a place at the school.***

***Please note the following:***

- This is not an application form. Applications for a school place must be made using the online facility at [www.suffolk.gov.uk/admissions](http://www.suffolk.gov.uk/admissions) or by completing a paper application form. On its own this Supplementary Information Form is NOT a valid application.
- Please refer to the details of the schools Admissions policy, admissions criteria and reference codes before you apply. These criteria are available from the School Office and at [www.st-johns.suffolk.sch.uk](http://www.st-johns.suffolk.sch.uk).
- Forms which are altered or which contain incorrect information (e.g. address, etc.) will be considered invalid and this may prejudice your application.

<b>Full name of Child</b>	
<b>Name(s) of Parent(s)/Guardian(s)</b>	
<b>Current Home Address (including postcode)</b> <i>reference codes:pr1/pr2/pr3/s6/s7/s8</i>	
<b>Contact Telephone Number</b>	
<b>Email</b>	
<b>Do any of your other children attend St John's?</b> <b>If yes, please give their name(s) and date(s) of birth</b> <i>reference codes s1/s2/s3/s4/s5/s6/s7/s8</i>	

**Section 1**

**1. To be completed by those who attend a Christian place of worship:**

Which church do you attend? *reference codes:ca1/ca2/ca3/ca4/s1/s2/s3/s4*

\_\_\_\_\_

Which is the denomination of the church you attend? *reference codes:ca1/ca2/ca3/ca4/s1/s2/s3/s4*

\_\_\_\_\_

How long have you attended this Church? \_\_\_\_\_ Years \_\_\_\_\_ Months

How frequently have you attended this Church over the past 2 years? *reference codes:ca1/ca2/ca3/ca4/s1/s2/s3/s4*

Weekly

Fortnightly

Less Regularly

**2. To be completed by those who have moved Church within the last 2 years:**

*reference codes:ca1/ca2/ca3/ca4/s1/s2/s3/s4*

Please give the name and location of your previous Church

---

Between what dates did you attend this Church? from \_\_\_\_\_ to \_\_\_\_\_

How frequently did you attend this Church during this time?

*reference codes:ca1/ca2/ca3/ca4/s1/s2/s3/s4*

Weekly

Fortnightly

Less Regularly

---

**Section 2**

**1. To be completed by those who attend a place of worship other than a Christian church:**

Which place of worship do you attend? *reference codes:ca5/s5*

---

How long have you attended this place of worship? \_\_\_\_\_ Years \_\_\_\_\_ Months

**2. To be completed by those who have moved place of worship other than a Christian church within the last 2 years:**

*reference codes:ca5/s5*

Please give the name and location of your previous place of worship

---

Between what dates did you attend this place of worship? from \_\_\_\_\_ to \_\_\_\_\_

**Please sign below to confirm that all the information provided on this SIF is correct, then pass this form to your current Minister, who will complete Section 3, and return it to the school by Monday 15<sup>th</sup> January 2024 for Reception class applications.**

Print Name \_\_\_\_\_ Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

**...continued...**

**Section 3** To be completed by your current Minister who will return the SIF directly to the School.  
If there is currently no minister in post a senior officer (e.g. churchwarden) may sign.

<b>Full name of Minister</b>	
<b>Position</b>	
<b>Name of Church/Place of worship</b>	
<b>Address (including postcode)</b>	
<b>Contact Telephone Number</b>	
<b>Email</b>	

I can confirm, to the best of my knowledge, that the above information is accurate. I attach evidence of Church attendance where relevant.

**Print Name** \_\_\_\_\_ **Minister**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

---

*The information collected on this form may be passed to schools or to other Local Authorities as part of the admissions procedure. The information will be passed to the school to which the child concerned is finally allocated, where it will form part of the pupil database maintained by that school. Any personal information you provide will be dealt with in accordance with the requirements of the General Data Protection Regulations 2018.*