

Supplementary Information Form (SIF) 2025-26

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.

<u>This form MUST be returned by the deadline of Wednesday 15th January 2025 for all Reception</u> <u>Class applications</u> 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 <u>www.suffolk.gov.uk/admissions</u> 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 <u>www.st-johns.suffolk.sch.uk.</u>
- Forms which are altered or which contain incorrect information (e.g. address, etc.) will be considered invalid and this may prejudice your application.

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

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

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	Weekly	Fortnightly	Less	Regularly	
	pleted by those w s:ca1/ca2/ca3/ca4/s1	ho have moved Churc /s2/s3/s4	h within the la	st 2 years:	
Please give th	e name and locatio	on of your previous Chur	ch		
Between what	dates did you atte	nd this Church?	from	to	
	y did you attend thi s:ca1/ca2/ca3/ca4/s1	s Church during this tim	e?		
	Weekly	Fortnightly	Less	Regularly	
Section 2					_
		ho attend a place of we	-	an a Christian chu	irch:
	r worsnip do you a	ttend? reference codes:c	:a5/\$5		
How long have	e you attended this	place of worship?	Yea	rs Mont	าร
2. To be com years: reference code		ho have moved place o	of worship oth	er than a Christian	church within the last 2
Please give th	e name and locatio	on of your previous place	e of worship		
Between what	dates did you atte	nd this place of worship	? from _	to	
•			-		correct, then pass this school by Wednesday
-		tion class applicatio			school by weatesuay
Print Name				Parent/Gu	ardian
Signed				Date	
continue	<u>d</u>				
SIF 2025-26		2	2		

<u>Section 3</u> 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.

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

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.