

St John Evangelist Catholic Primary School

Duncan Street, Islington, N1 8BL

Tel: 020 7226 1314

email: office@stjohnevangelist.islington.sch.uk



RECEPTION REGISTRATION FORM

1. Your Child's Details

| | | | |
|--|-------|--|--------|
| First name: | | Last name: | |
| Date of Birth: | | Gender (PLEASE CIRCLE): MALE / FEMALE | |
| Address (including postcode): | | | |
| Postcode: | | | |
| Telephone numbers: | Home: | Mobile: | Other: |
| What is your child's First Language: | | | |
| Does your child have any experience of another language (other than English) spoken at home: (PLEASE CIRCLE) YES / NO | | | |
| If YES please state: | | | |
| What is your child's Ethnic Category: | | | |
| What is your child's Nationality: | | | |
| Which country was your child born in: | | | |
| At which Church was your child baptised: | | | |
| What is your child's date of baptism: | | | |
| Which Church do you regularly attend: | | | |

2. Parent/Guardian's Details

| | | | |
|--|-------|-----------------------------|--------|
| Title (PLEASE CIRCLE): Mr Mrs Miss Ms Other (PLEASE STATE): | | | |
| First name (BLOCK CAPITALS): | | Last name (BLOCK CAPITALS): | |
| Address (IF DIFFERENT FROM ABOVE): | | | |
| Relationship to child: | | | |
| Telephone numbers: | Home: | Mobile: | Other: |
| Email address: | | | |

3. School Information

| | |
|---|--|
| Does your child have any siblings (brothers or sisters) in our school?: (PLEASE CIRCLE) YES / NO | |
| If yes, please state their name: | |
| Nursery/School that your child currently attends: | |
| Address of Nursery/School: | |
| Postcode: Telephone No: | |
| Does your child have any Special Educational Needs? (PLEASE CIRCLE) YES / NO | |
| If yes, please state: | |
| Does your child have any medical conditions? (PLEASE CIRCLE) YES / NO | |
| If yes, please state: | |
| Please state your reason(s) for applying for a place for your child at St John Evangelist School: | |

Identification Documents

You will need to provide us with the following original documents to support your application:

- **your child's original birth certificate (the long full one with the parents name on).**
- **your child's baptismal certificate**
- **2 forms of proof of address no more than 3 months old e.g. Utility Bill, Council Tax or bank statement.**
- **Proof that your child lives at your address e.g. Child benefit letter, NHS Medical card, Tax Credits.**

Please ensure these documents are no older than 3 months. Council Tax letter can be dated within the last 12 months.

I understand and support the following issues:

- The school has a uniform code which is overwhelmingly supported by the parents.
- The school has a non-standard intake number i.e. that more than one class, but less than two classes are taken in reception each year. This means my child will not go through the school with the same group of children but in a re-arranged group each year, and in some years, will be in a class with more than one age group e.g. Year 1 and Year 2. Children are placed according to age and exceptions cannot be made.
- The school is a voluntary aided school and as such is not fully funded by the Government. I therefore undertake to contribute to the School Building Fund, currently £30.00 per year, each year my child remains at the school.

I have received a copy of the schools admission policy.

I have received a copy of the parish boundary which is used by the school when applying the admissions criteria.

I understand that I am required to support this application with a Priests Reference.

I have received a Priest Reference form (Certificate of Catholic Practice) which I understand must be completed and returned to the school within 2 weeks of making this application.

I understand that I must also complete an online application through my Local Authority / Islington Schools Admissions before 15th January if I wish my child to be considered for a place in this school.

Declaration

I confirm that the information I have provided on this form is correct. I understand that you may request further evidence to verify the information provided.

I consent for St John Evangelist School to process the information provided on the forms I have completed and I have read the privacy notice provided.

Signed: (Parent/Guardian) Date:

Name: (Parent/Guardian)

For office use:

Baptism certificate seen by: Date:

Birth certificate seen by: Date:

Parent's proof of address seen by: Date:

Child's proof of address seen by: Date:

Supplementary form completed: Date:

Headteacher's signature: Date:

Added to waiting List: Date: