



GREAT CLACTON CHURCH OF ENGLAND JUNIOR SCHOOL



SUPPLEMENTARY INFORMATION FORM 2024

Pupil's Surname Date of Birth

All Christian Names..... Gender

FULL POSTAL ADDRESS

Post Code Home Phone No

Number of children in family Position of this child in family

Please list brothers/sisters including dates of birth:

Name D.O.B.

Name D.O.B.

Name of infant school attended.....

I have read the admissions criteria and am applying on the following grounds:

Table with 2 columns and 8 rows. Rows 1-7 list admission grounds (e.g., 'looked after child', 'children currently attending Burrsville Infant Academy'). Row 8 is for 'Signed' and 'Date'.

This supplementary information form should be used if you are applying for a place at Great Clacton Junior School. **If you are applying under criterion 7, your priest, minister or spiritual leader should also complete the relevant sections and sign it before returning to Great Clacton Junior School as soon as possible.**

This form is not an application form. It will be used in addition to the Local Authority's official application form and will allow the school to place applications in order, according to the school's admissions code.

Name of church or place of worship

Name of Priest/Minister/Spiritual Leader

Contact details for above

Have you attended worship at this church or place of worship not less than 8 times in the 12 months before submitting your application: YES / NO

If less than 12 months, have you been attending another place or worship regularly prior to joining this congregation? YES / NO

Name of previous place of worship

Minister or Spiritual Leader Verification Form

I confirm that this family belong to our congregation and, to the best of my knowledge, the information on this form is accurate.

Name Role

Signature Date

TO BE COMPLETED BY SCHOOL OFFICE

REGISTRATION DATE ADMISSION DATE
