St John’s Church of England Primary School

32 Clarendon Road, Watford WD17 1JJ

office@watfordstjohns.org

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watfordstjohns.org

This is an application for In Year admission to our school. Please complete this form using black ink and BLOCK CAPITALS. Completed forms must be returned as soon as possible, as places are allocated as soon as they become available. It should be returned scanning the signed form and emailing it to office@watfordstjohns.org. We will also accept forms sent to the above postal address, but these will not be processed during the summer holidays. We also require proof of your current address. Further details are shown overleaf. We will confirm that we have received your application by email, where an email address has been supplied. Places are allocated in accordance with the school’s oversubscription criteria. You do not need to complete a SIF for an In Year Application. You can read the Admissions Policy 23/24 on our website [watfordstjohns.org](http://watfordstjohns.org)

**Section 1: Child’s details**

| Surname/Family name: |  | Date of Birth: |  |
| --- | --- | --- | --- |
| Forename(s): |  | Twin or multiple birth? | YES/NO |
| **Home address: This must be the address where the child lives for the majority of the week.** |  | Year Group applying for. |  |
| Child’s Gender | Male/Female |
| **Child’s Current School - Name and contact details** |  | **Child’s current year group** |  |

**Section 2: Your details**

| Surname/Family name: |  | Title (Optional) |  |
| --- | --- | --- | --- |
| Forename(s): |  | Relationship to child: |  |
| Telephone no: |  | | |
| Email address: |  | | |

**Section 3: Category of Application**

Please indicate if you are applying under the following categories.

| ✓ | Category | Action required |
| --- | --- | --- |
|  | Child has an Education, Health and Care Plan (EHCP) | We will accept your application and co-ordinate with the County Council as children with an SEN or EHCP are admitted under a separate process. |
|  | Children Looked After or Previously Looked After | This relates to children who have previously been in the care of the Local Authority.  Please provide documentary evidence confirming the legal status of the child. |
|  | Social and Medical Needs | Please tell us why the school would best suit your child’s needs and the difficulties that would be caused if your child had to attend another school on a separate sheet and provide documentary evidence from a relevant professional e.g. a doctor or social worker. Applications under this category will be considered by the Governing Body. |
|  | Sibling | Please provide details of the child already attending St John’s CofE Primary School and attach it to this form. |
|  | Member of Staff | Applies to Teachers or any other staff member with 2 years service. |
|  | Distance | All other applications not eligible in a higher category |

**Section 4: Declaration**

I certify that I have parental responsibility for the child named on this form and the information is true to the best of my knowledge.

| Signed: | Date: |
| --- | --- |

Proof of Address

Please supply with your application form two documents showing your **current** address. At least one of these must be a council tax bill (dated within the last 12 months), a utility bill (dated within the last 3 months) a signed tenancy agreement of a solicitor’s letter showing completion date.

If you are moving, we also need **proof of your new address.**  This should be either a tenancy agreement showing the start date of the new tenancy or a solicitor’s letter confirming the completion date.

You can scan or take a digital photo of your documents and attach it with this form on an email to [office@watfordstjohns.org](mailto:office@watfordstjohns.org) or send a copy with this form to the postal address shown above.