

SUPPLEMENTARY INFORMATION FORM

Sir John Cass's Foundation Primary School

Section 1 – to be completed by the applicant, all questions must be answered

complete your Local Authorities Common Application Form

naming Sir John Cass's Foundation Primary School as one of

your preferences.

Child's Surname (s)	Child's First names (s)	
Date of Birth	Gender: Male/Female (please c	ircle)
Name(s) of parents(s) or guardians with parental re	esponsibility	
Parent 1 (Mr/Mrs/Miss/Ms) First name and Surnan Parent 1 (Mr/Mrs/Miss/Ms) First name and Surnan Home Address		
Do you worship fortnightly and continuously and have done so for the previous two years ¹ at the Parish Church of St Botolphs, Aldgate?		at Yes/No (please circle)
Do you worship fortnightly and continuously and have done so for the previous two years ¹ in an adjoining Anglican church or churches of other Christian denominations?		in Yes/No (please circle)
Is Sir John Cass's Foundation Primary School the nearest Church of England School to your home by the shortest, walking route?		r Yes/No (please circle)
Name and Address of Church you attend ²		
We, the Parent(s)/Guardian(s) of the above child, apply Foundation School and declare the above facts to be true. Parent(s) / Guardian(s) signature	ue, if our child should gain a place.	Date
Section 2 – All questions are to be answered by the Recomplying for a place at Sir John Cass's Foundation School Form completed by (Name of Rector / Vicar / Minister / Priest) Name of Church		of
Address		
7 tudiess	Po	ostcode
Please can you confirm the details on section 1?	Yes/No (please circle)	
If the answer to the above is no, please provide details of please proceed to the next question	the church the applicant attends, if th	e answer is yes,
, , ,		Yes/No (please circle)
Signed	Date	••••
PARENTS/GUARDIANS/CARERS: MUST RETURN THIS FORM to: Sir John Cass's Foundation Primary School, St James's Passag Dukes' Place, EC3A 5DE by 15 JANUARY 2017. You must a		

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