

ST JOHN'S CHURCH OF ENGLAND ACADEMY

Headteacher: Mr M Ramsay B.A (Hons) Primary Education

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Supplementary Form for a Faith Place

This form must be completed by the parent/carer for whom an application is being made if they are applying for a place at St John's Church of England Academy under criterion 4 of the admission policy. The information provided will be used in accordance with the data protection act 1998.

SECTION 1

Child's details Legal Surname Surname Used

First Name (s) Middle Name(s)

Date of birth: Boy ☐ Girl ☐ (please tick as appropriate)

Home Address:

Post Code:

SECTION 2

Parent/Carer's details

Title: Mr ☐ Mrs ☐ Miss ☐ (please tick as appropriate) Other

First name(s)..... Surname

Relationship to Child

Do you have Parental Responsibility for this child? Yes ☐ No ☐ (please tick as appropriate)

Daytime Tel no: Mobile no:

SECTION 3

Church/fait h community details

Place of worship:

The worshipper is:

The child ☐ One of his/her parents/carers ☐ One of his/her family ☐ (please tick as appropriate)

If you have attended the church/fait h community for less than one year, an additional 'Application for a Faith Place' form is needed from your previous church/fait h community to support your application.

SECTION 4

Minister’s Endorsement

The named parent/carer in section 2 has applied for admission of their child to St John’s Church of England Academy for a place under criterion 4 of its Admissions Policy and require this section to be completed by a minister or two office holders of the church/faith community.

- 1. Please tick to indicate the length that the child or parent/carer has been known to the church/faith community:
 - a. ☐ Has been known to the church/faith community for at least one year.
 - b. ☐ Has been known to the church/faith community for less than one year.
 - c. ☐ Is not known to the church/faith community or unable to support the application.

- 2. Please tick to indicate the capacity in which the child or parent/carer is known to the church/faith community, where applicable.
 - a. ☐ As a worshipper at the church/faith community
 - b. ☐ Other

- 3. Please tick to indicate the statement which best describes the pattern of worship of the child or parent/carer, where applicable
 - a. ☐ Worships typically at least once a week.
 - b. ☐ Worships typically at least once a month.
 - c. ☐ Worships typically less than once a month.

- 4. Other information relevant to the application

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- 5. I confirm that I am a minister or office holder at the named church/faith community in section 3. I confirm that all the information given is accurate. I am aware that any place offered on false information may be withdrawn.

Signed: Date:
Name: Position held:
Contact Details:

SECTION 5

Parent/Carer’s signature

I am the parent or have parental responsibility for the child named. I confirm that all the information given is accurate. I am aware that any place offered on false information may be withdrawn. If my circumstances change, e.g. house move, I will inform Darlington Borough Council in writing.

Signed: Date:

THIS FORM MUST BE RETURNED BY 15 JANUARY 2026 TO ST JOHNS PRIMARY SCHOOL DIRECTLY