



**St James's C of E
Primary School**
Let Your Light Shine

**St James's C of E Primary School
Supplementary Form 2026-2027**

This form is used by the Governors to help implement the School's admission policy. For your guidance the school's admission criteria are set out overleaf. The information you provide will be used in determining the implementation of points **c** and **d** of the admission criteria.

When you have completed this form, please return to the School.

To: The Clerk to the Governors
St James's C of E Primary School
Kingsway
Wollaston
DY8 4RU

Name(s) of Parent(s) or Carer(s):

Name of Child:

Address:

.....

Name of Church/Place of Worship:

We attend this Church/Place of Worship as follows:

- a) Child -every week / most weeks / monthly / less frequently / rarely / never*
- b) Parent(s) /Carer(s) – every week / most weeks / monthly / less frequently / rarely / never*

* Delete as appropriate

Our family has worshipped here for years

The following additional information is also appropriate:

.....

.....

Could you provide the name of:

Incumbent / Churchwarden

Contact details, ie address and telephone number

Signed:..... (Incumbent / Churchwarden)