



Park Street C of E Primary School



SUPPLEMENTARY INFORMATION FORM (SIF)
for admissions in academic year 2025/26

**PARK STREET CofE PRIMARY SCHOOL
SUPPLEMENTARY INFORMATION FORM**

CHILD'S DETAILS	
First name:	
Middle name:	
Family name:	
Child's address:	

Applications under Category 4: Children who live in one of the surrounding parishes of St Stephens, St Peters, London Colney, Shenley, Radlett, Bricket Wood or Aldenham (A map showing the parish boundary is available at www.achurchnearyou.com) and whose parents regularly worship at Holy Trinity Church and whose Supplementary Information Form (SIF) has been signed by the Vicar. Regular worship is defined as attendance at services at least once a month for the 12 months before the closing date for applications. (See note below)

I confirm that the parents of the above named child have attended services of worship at Holy Trinity Church, Frogmore for the period required by Category 4.

Signature of parish priest:

Name:

Date:

Applications under Category 5: Children who live in one of the surrounding parishes of St Stephens, St Peters, London Colney, Shenley, Radlett, Bricket Wood or Aldenham (A map showing the parish boundary is available at www.achurchnearyou.com) and whose parents regularly worship at any other Christian Church and whose Supplementary Information Form (SIF) has been signed by the Vicar. Regular worship is defined as attendance at services at least once a month for the 12 months before the closing date for applications. (See note below)

I confirm that the parents of the above named child have attended services of worship at this church, for the period required by Category 5.

Name and denomination of church:

Signature of parish priest:

Name:

Date:

Note: In the event that during the period specified for attendance at worship, the church, or relevant place of worship, has been closed for public worship and has not provided alternative premises for that worship, the requirements of the admission arrangements in relation to attendance will only apply to the period when the church, or relevant place of worship, has been open for worship.

PARENTS DETAILS

Parent/Carer

Title:	
Forename:	
Surname:	
DOB:	
Address (if different to child's address):	
Email address:	
Telephone numbers: Daytime Mobile	

OFFICE USE ONLY:	Date Received:	
	Distance:	

I confirm that the information I have given on this form is complete and accurate. I understand that if any part of this form is found to be false the offer of a place may be withdrawn.

Signature of parent/carers: _____ Date: _____

Please return this form to the school office by 15th January 2025 if the application is for a place in our Reception class starting in September 2025.