



**THE JOHN LOUGHBOROUGH SCHOOL**  
**SUPPLEMENTARY INFORMATION FORM (ADMISSIONS)**

I hereby acknowledge that the John Loughborough Seventh-day Adventist School is owned and operated by the Seventh-day Adventist church. Its values and cultures are based on the Seventh-day Adventist understanding of the Bible.

**CHILD'S NAME:**..... **DOB:** .....

**Parent(s)/ Guardian(s) Name:**.....

**Parent(s)/ Guardian(s) Address:**.....

**Tel number:**.....

**PARENTS'/LEGAL GUARDIANS' DECLARATION**

I/we attend \_\_\_\_\_ Church

Minister's Name \_\_\_\_\_

Church Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No: \_\_\_\_\_

Signature of Parent(s)/Guardian(s)

1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

**Church Minister's/Pastor's Confirmation**

I confirm that (please print child's name) \_\_\_\_\_

Regularly attends the \_\_\_\_\_ Church

He/she is a regular member  regular visitor  visits often

Minister's/ Pastor's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form should be returned as soon as possible directly to the John Loughborough School**