



HOLY TRINITY CofE PRIMARY SCHOOL

IN YEAR ADMISSIONS APPLICATION FORM



CHILD'S FIRST NAME:				SURNAME:			
BOY/GIRL:				DATE OF BIRTH:			
ADDRESS:							
				POSTCODE:			
SIBLINGS CURRENTLY ATTENDING Holy Trinity CofE Primary School							
SIBLING'S NAME:							
DATE OF BIRTH:				CURRENT CLASS:			
1st CONTACT DETAILS							
MR	MRS	MS	Full NAME:			RELATIONSHIP TO CHILD	
ADDRESS (if different from child's)							
HOME TELEPHONE:				MOBILE:			
Email:							
2nd CONTACT DETAILS							
MR	MRS	MS	FULL NAME:			RELATIONSHIP TO CHILD	
ADDRESS (if different from child's)							
HOME TELEPHONE:				MOBILE:			
Email:							
NURSERY SESSION PREFERRED - (please select one ONLY)							
AM ONLY				AM + PM PAYABLE payable sessions are paid termly in advance		30 Hours AM & PM Mon - Fri	
30 Hour Code if you already have your code, please enter below				You must be able prove your eligibility by obtaining a HMRC gateway account and a 30 hour code Your code must be dated before the term start date. Additional charges for Extended day apply.			

Children generally start Nursery in the September after their 3rd birthday. As soon as your child is 3 years of age you are welcome to apply for a nursery place.

If places are available we will contact you to ask if you would like an earlier start.

Please read our Admissions Policy, which can be found on our website. www.holytrinitynorthwood.org/key-information/policies

School Office use only:	
Application Received:	_____
Birth Cert Received:	_____
SIF Form Received:	_____
Start Date:	_____
Letter Received:	_____

Is your child in Public Care i.e. a looked after child? (delete as appropriate)	YES	NO
If YES, give details below. (including under which Local Authority)		
<i>Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your social worker. The documents must accompany this application form.</i>		

Does your child have documented acute medical or special needs? (delete as appropriate)	YES	NO
If YES, give details below. (including under which Local Authority)		
<i>Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your doctor or social worker. The documents must accompany this application form. [Photocopies may be provided if preferred.]</i>		

Are you claiming active membership of the Anglican Church or another Christian denomination? (delete as appropriate)	YES	NO
If YES, please complete this section		
Denomination		
Full Name of Church attended		
Name of Minister		
Full address of Church attended (Inc. postcode)		
Telephone Number		
<i>For how long and how regularly does female parent/guardian attend?</i>		
How long?	Weekly?	Fortnightly
		Monthly or less?
<i>For how long and how regularly does male parent/guardian attend?</i>		
How long?	Weekly?	Fortnightly
		Monthly or less?

Are you claiming active membership of another faith group? (delete as appropriate)	YES	NO
If YES, please complete this section		
Faith Group		
Place of Worship		
Full Name and Address of religious referee (inc postcode_		
Telephone Number		
<i>For how long and how regularly does FEMALE parent/guardian attend?</i>		
How long?	Weekly?	Fortnightly
		Monthly or less?
<i>For how long and how regularly does MALE parent/guardian attend?</i>		
How long?	Weekly?	Fortnightly
		Monthly or less?

As you are declaring to have no religious affiliation with any Faith.	YES	NO
Are willing to uphold the ethos of this Church School? (delete as appropriate)		

