



Please return to:

Holy Trinity C. of E. Primary School

Rickmansworth Road, Northwood, Middlesex, HA6 2RH

☎ Telephone (01923) 822529 Facsimile (01923) 828941 E-mail holytrin@hillingdongrid.org

Headteacher: Mr. D. R. Norris

Priest's / Minister's Reference

In support of a child's place at Holy Trinity Church of England Primary School Under Criteria 3 or 4

In all instances this form must be submitted **no more than twelve months before the admission date** and must be sent directly to the Governing Body of Holy Trinity C. of E. Primary School to the School Office.

1. Children in Public Care / Looked After Children
2. Other deserving cases where there are medical, social or continuing educational reasons with relevant and appropriate supporting documentation within each category.
3. Children living with (a) parent(s), at least one of whom is a member of the Church of England and is / are actively involved in the work and worship of Holy Trinity Church, Emmanuel Church Northwood, or a neighbouring parish where a Church School education is not available. Attendance at the church should take place at least twice per month for a minimum of two years and the application is to be supported by a letter from the Priest / Minister.
4. Children of parents who are committed to a Christian* Church in communion with the Anglican Church or the Catholic Faith and the application supported by a letter from the Minister. Attendance at church should take place at least twice per month for a minimum of two years and the application is to be supported by a letter from the Priest / Minister.

*A "Christian Church" is deemed to be an Anglican Church or church or chapel of a Christian Denomination affiliated nationally to 'Churches Together in Britain and Ireland' or Evangelical Alliance.

The following family has applied for a place for their child at Holy Trinity Church of England Primary School. If you are able to provide a reference, please complete and return this form to the family for onward transmission to the school.

All details to be completed by applicant:

Name of the Family: _____
 Name of the Child: _____
 Address: _____

 Telephone Number: _____
 Name of the Church: _____
 Denomination: _____
 Address of the church: _____
 Postcode: _____ Tel No: _____

(In certain circumstances the school may telephone the Minister to verify information.)

To be completed by the Minister.

Please give an indication of the family involvement at your church and return this form to the school as soon as possible.

Attendance:	Parent(s)	Parent(s) and Child	Child Only
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant information which may assist our assessment:

Your assistance is valued.

Signed: _____ Dated: _____

Print Name and Position: _____