



# Holy Trinity C. of E. Primary School

Rickmansworth Road, Northwood, Middlesex, HA6 2RH  
☩ Telephone (01923) 822529 E-mail [holytrin@hillingdongrid.org](mailto:holytrin@hillingdongrid.org)  
[www.holytrinitynorthwood.org](http://www.holytrinitynorthwood.org)

Headteacher: Mr. D. R. Norris

## Supplementary Information Form

Please complete this form and return to the School Office.

Please pass the Priest's / Minister's reference form to your Priest / Minister who will return it directly to the school. Thank you.

Proposed date of Admission: **Reception ~ September 2012**

Male  Female  Date of birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_  
\_\_\_\_\_

I / We are applying under faith criteria.

I / We are applying under sibling criteria.

Name(s) of sibling(s) currently attending Holy Trinity School: \_\_\_\_\_

Parent / Guardian's signature: \_\_\_\_\_ date: \_\_\_\_\_

*Thank you for your interest in Holy Trinity C. of E. Primary School.  
We would love to meet you and show you our school.*

*You are assured of a very warm welcome.*

If your circumstances change and you need to withdraw the application, please let us know immediately in order that the place may be offered to another child.

Thank you.

*“Living and Learning Within the Family of God”*

For office use only:		
Date Received:	Received By:	Documents Received:
		Minister's Reference <input type="checkbox"/>
		Birth Certificate <input type="checkbox"/>



*Please return to:*

# Holy Trinity C. of E. Primary School

Rickmansworth Road, Northwood, Middlesex, HA6 2RH

☎ Telephone (01923) 822529

[holytrin@hillingdongrid.org](mailto:holytrin@hillingdongrid.org)

[www.holytrinitynorthwood.org](http://www.holytrinitynorthwood.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 4 or 6

In all instances this form must be returned directly to the School Office please.

#### **CRITERIA 4**

3. Children living with (a) parent(s), at least one of whom is actively involved in the work and worship of Holy Trinity Church, Emmanuel Church Northwood, or a neighbouring parish\* where a Church of England School education is not available. The parent(s)' 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 Priest's / Minister's Reference, completed by the Priest / Minister who will return it directly to the school.

The Supplementary Information Form will be returned directly to the school.

Within this category, priority is given to families where (a) sibling(s) is / are currently attending Holy Trinity C. of E. Primary School.

#### **CRITERIA 6**

6. Children living with (a) parent(s)\* who is / are committed to a Christian\*\* Church in communion with the Anglican Church or the Catholic Faith with the application supported by a Priest's / Minister's Reference, completed by the Priest / Minister who will return it directly to the school.

The parent(s)' 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 Priest's / Minister's Reference, completed by the Priest / Minister who will return it directly to the school.

The Supplementary Information Form will be returned directly to the school.

Within this category, priority is given to families where (a) sibling(s) is / are currently attending Holy Trinity C. of E. Primary School.

\*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 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:*

I confirm that the church is affiliated to the Churches Together in Britain and Ireland or the Evangelical Alliance and eligible for application under Criteria 6.

Please indicate the family involvement at your church and return this form to the school as soon as possible.

Has at least one parent attended your church twice a month for a period of two years?

Yes

No:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name and Position: \_\_\_\_\_