

HOLY TRINITY COFE PRIMARY SCHOOL IN YEAR ADMISSIONS APPLICATION FORM



CHILD'S FIRST NAI		SURNAME:							
BOY/GIRL:	DATE OF BIRTH:								
ADDRESS:									
		POSTCODE:							
SIBLINGS CURREN	TLY ATTEND	ING Holy Ti	rinity Cof	E Pri	mary Scho	ol			
SIBLING'S NAME:									
DATE OF BIRTH:		CURRENT CLASS:							
1st CONTACT DETAILS									
MR MRS MS	MRS MS Full NAME:					RELATIONSHIP TO CHILD			
ADDRESS (if different from child's)									
HOME TELEPHONE:			MOBILE	LE:					
Email:									
2nd CONTACT DETAILS									
MR MRS MS	FULL NAME:				RELATIONSHIP TO CHILD				
ADDRESS (if differ	ent from chil	ďs)							
HOME TELEPHONE:		MOBILE:							
Email:									
NURSERY SESSION PREFERRED - (please select one ONLY)									
AM + PM P. payable ses paid termly						30 Hours AM & PM Mon - Fri			
if you already ho	·		- 41 -	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 you 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 Deceived						

Is your chil	d in Pub	olic Ca	re i.e. a look	ced aft	ter chil	l d? (delete as	appropri	ate)	YES.	NO
If YES, give	details	below.	(including un	der wh	ich Loc	al Authority)				
Your reason	s will on	ly be	considered if	you ind	clude d	ocumentation	from a	profession	al person e	.g. a lette
from your so	ocial wor	rker. T	he documents	s must	accomp	any this applic	cation fo	orm.		
							•		\/Fc	110
(delete as app			итептеа асит	re mea	ical or	special needs	i ?		YES	NO
		•	(including un	der wh	ich Loc	al Authority)				
			(maraamig an							
		•		•		ocumentation			•	_
•				docum	ents m	ust accompany	this ap	plication fo	orm. [Photo	ocopies ma
be provided	it prete	erred.]								
Ana you cla	imina ac	+iva w	ambanshin at	f tha	Analica	n Church or a	nothan	Chnistian	YES	NO
denomination	_		_	11167	Angricu	n charen or a	nome	om isnum	/23	140
If YES, plea										
Denominatio										
Full Name of	f Church	n atten	ded							
Name of Mir	nister									
Full address	of Chur	ch att	ended (Inc. po	stcode)					
			` '	•						
Telephone N	lumber									
For how long	and ho	w regu	larly does fer	nale pa	rent/g	l uardian attend	d?			
How long?			Weekly?			Fortnigh	tly	Мо	nthly or le	ss?
For how long	and ho	w regu	larly does ma	le pare	nt/gua	rdian attend?				
How long?			Weekly?			Fortnightly	Moi	nthly or		
			•					1	ess?	
Are you cla	iming ac	tive m	nembership of	f anoth	her fai	th group?			YES	NO
(delete as app		•								
If YES, plea	se comp	lete tl	nis section			1				
Faith Group										
Place of Wo	rship									
Full Name ar	nd Addr	ess of	religious refe	eree						
(inc postcod			J .							
Telephone N	lumber									
For how long	and ho	w regu	larly does FE i	MALE	parent/	guardian atte	nd?			
How long? Weekly?			Fortnightly Mon			nthly or le	ss?			
For how long	and ho	w regu	larly does MA	NLE par	rent/gu	ardian attend:	?	<u> </u>		
How long?			Weekly?			Fortnightly		Moi	nthly or	
						. <i> </i>			ess?	
•		_				n with any Fa	ith.	1	\/Fc	110
Are willing to	•		thos of this C	nurch	ocnool	•			YES	NO
(20,0,0 do up)		,								1

Will you actively support you of this school? (delete as ap		their participo	ation in the	religious tradition	YES	NO
Has your child previously a	ttended a a	different setti	ina		YES	NO
Childminder		Vursery		School	720	,,,,
Current setting name, address and contact number	· ·	, a., 50, 7	I	Consor	1	
Dates attended	From:					
	То:					
Please complete a Statem	ent by Pai	rents/Guardiar	ns/Carers a	nd sign the Declard	ation below.	
Please write a statement exalger a) why you wish you b) how you will acti	ır child to			ne school mentioned	in the Prospe	ectus.
I/We declare the information knowledge. I/We also understand that application and any offer for I/We also understand that Trinity School. (delete as appropriate)	if any of t	in this application the information or the place mo	n is later fo ay be withdr	und to be incorrect, awn.	, this may invo	alidate the
Print Name of Parent/Gua	rdian					
Relationship to Child						
Signature of parent/guard	<u>lian</u>			Date		
Please return to: The Headt	eacher Ho	ly Trinity CF Pr	rimary Schoo	l Dickmansworth Dd	Northwood H	46 2DU

Please return to: The Headteacher, Holy Trinity CE Primary School, Rickmansworth Rd, Northwood HA6 2RH How did you find out about our school? *Holy Trinity Website /*Borough website /*HT Leaflet /*Friend /*Other

please give details