Holy Trinity Catholic Primary School

APPLICATION FOR ADMISSION TO HOLY TRINITY SCHOOL
RECEPTION CLASS SEPTEMBER 2027
CHILD'S DETAILS

Forename (s): …….

Surname: …….

Child's Date of Birth: Day: ……. Month: ……. Year: …….

Gender: Female ☐ Male ☐

PARENT OR GUARDIAN DETAILS

Forename: ……..(Please tick appropriate box)

Surname: …….. Parent ☐ Guardian ☐

Home Address of Parent or Guardian:

……..

……..

Email Address: ……..

Post Code: …… Tel (Home): ……..

Tel (Work): …… Tel (Mobile): ……..

Faith of Child: ……..

Church of Baptism ……

Approximate Date of Baptism: ……..

Please return completed form to Holy Trinity School

Office Use Only

Proof of Baptism seen ☐

Signature: ……..……. Date: …….