



## APPLICATION FOR ADMISSION

Holy Trinity is a self governing school and therefore admissions are determined by the Governing Body. Parents seeking admission for their child to the school are asked to complete this form and return it to the Clerk to the Governors, c/o Holy Trinity School. The 'Standard Number' for admission in any school year is 30 pupils. In the event of applications exceeding this number for any school year, children are admitted in accordance with the governors published Admissions Policy which is attached.

**Completed forms MUST be returned by 15th January for any admissions during the following school year, September-August. PLEASE ENSURE THAT THE WILTSHIRE COUNTY COUNCIL FORM IS SUBMITTED BY THE DUE DATE AS WELL AS RETURNING THIS FORM TO HOLY TRINITY SCHOOL.**

1. SURNAME of child:			2. CHRISTIAN name of child:		
3. Date of birth of child			4. Home address:		
			5. Tel No: <span style="float: right;">Mobile No:</span>		
6. Names and dates of birth of any older children in your family who are currently attending Holy Trinity School:					
7. Please give details below of your reasons for wishing your child to attend Holy Trinity School. <i>(If your request is made on denominational grounds, please complete section 7a).</i>					
7a. REQUEST ON DENOMINATIONAL GROUNDS.(This information is required in order to obtain the appropriate reference)					
Name		of		Minister	
Religion: _____					
Address: _____					
_____					
_____					
Status and Religious Denomination:					
8. If you are applying to other schools, is Holy Trinity your first preference? <span style="float: right;">Yes/No</span>					

**9. NAMES OF PARENTS (BLOCK CAPS PLEASE)**

**Mr.**                                    **Mrs.**                                    **Ms.**                                    **Other:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**Mr.**                                    **Mrs.**                                    **Ms.**                                    **Other:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR SCHOOL USE  
 ONLY

Received:

School Year: