



# Holy Trinity C.E. Primary School

## Eagans Close, East Finchley, N2

### Application Form for Admission to Nursery – 2020-2021

#### FOR OFFICE USE ONLY

CRITERIA 1 ☐  
CRITERIA 2 ☐  
CRITERIA 3 ☐  
CRITERIA 4 ☐  
CRITERIA 5 ☐  
CRITERIA 6 ☐

DISTANCE FROM SCHOOL \_\_\_\_\_

Birth certificate ☐  
Proof of address x 2 ☐  
Place accepted ☐

Before completing this form, please make sure you have read the School's Admission Policy. **This application should be accompanied by two forms of proof of address, for example a bank statement, utility bill or driving licence. We also need a copy of your child's birth certificate. Your application to Holy Trinity School cannot be considered by the Governors until they have this information.**

#### Personal details

Name of Child in Full \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender ☐ Male ☐ Female

Present Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Numbers Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Name of Current School \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of sibling currently attending the school (if applicable) \_\_\_\_\_

#### Information about Religion

**NB Only Complete this section if applying under criteria 2, 4 or 5 of the School's Admission Policy**

Name and address of church \_\_\_\_\_  
\_\_\_\_\_

Denomination(e.g. Church Of England) \_\_\_\_\_

Name and address of Minister who can confirm your attendance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please ask your minister to complete the section over the page before returning the form to Holy Trinity School.**

## Clergy Reference

The parents/guardians of the child named on the front of this form are applying for a place at **Holy Trinity School, East Finchley** and would like to use you as a referee. Would you kindly complete this section and return this form to the parent/guardian. Thank you for your help.

Have the parents/guardians worshipped at your church/place of worship for 18 months or more? ☐ Yes ☐ No

Do they attend church/religious worship at least once a month? ☐ Yes ☐ No

Is your church Anglican? ☐ Yes ☐ No

Signature of Minister/Incumbent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

**Church Stamp or Seal:**

## Declaration by Parent/Guardian

I confirm that all the information given on this form is correct

I wish to apply for a place for my child at Holy Trinity C.E. Primary School, East Finchley

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_