



HOLY TRINITY C.E. SCHOOL

CROSSBROOK STREET
WALTHAM CROSS
HERTS EN8 8LU

APPLICATION FORM

Headteacher MISS S CHALONER

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Name of Child	Male/Female	Date of Birth
Address		
Postcode	Telephone	
Father's Full Name [and address if different to above]	Mother's Full Name [and address of different to above]	
Please state the name of any person other than those named above who have parental responsibility for this child		
Name and Address of Previous School/Nursery	Previous Address (if applicable)	
Has the child a brother or sister at this school?		
Previous Nursery School (For school information only)		
If either parent is a practising member of a Christian Congregation please state church		
Please attach a letter from the priest/pastor/vicar confirming your attendance at a Christian Congregation		
For Office Use Only		
Application Received	Place Accepted	
Admission Committee Meeting	Pre-School Visit	
Place Offered	Date Admitted	