



Admissions Supplementary Information Form

2021-2022

Holy Trinity CE Primary School
Sedding Street, SW1X 9DE
T 020 7881 9860
E mail htinfo@ccht.rbkc.sch.uk
www.ccht.rbkc.sch.uk

PLEASE READ THE ADMISSIONS CRITERIA BEFORE YOU COMPLETE THIS SUPPLEMENTARY APPLICATION

For entry to the Reception Class. When places are over-subscribed the Governors admissions criteria is used to prioritise places.

ENTRY TO RECEPTION CLASS (when your child is rising 5 years old).

You need to complete the Common Application Form, naming the schools of your choice in order of preference. In addition, if you are applying for a foundation place (Category 2) you should also complete the Supplementary Information Form so that the Governors may consider your application fully.

This should be returned to the school along with the Priest, Minister or religious Leader's signed verification of your attendance.

ENTRY AT ANY OTHER POINT (when your child is 5 years or over).

You may apply whenever your child needs a place.

You need to complete the local authority's In-Year Application Form, naming the schools of your choice in order of preference.

If you would like to visit the school, please contact the school to make an appointment.

The Head Teacher will show you around the school and answer any questions you may have.

Please telephone the school office on 020 7881 9860

When this form is completed, please return it to:

Admissions
Holy Trinity CE School
Sedding Street
London SW1X 9DE



Please complete this page and pass it to your Priest, Minister or religious leader to verify.

When they have completed their section, please return the form to the school.

Surname of child:		
First name of child:		
Date of Birth:		
Parent's name:		
Address and telephone number:		
Email address:		
At the point of the child's entry to school, will they have a sibling in the school? Please supply their name.		
Place of worship attended:		
We have attended worship at least 12 times a year for a minimum of one year: <i>circle as appropriate</i>	YES	NO
Signed: (one parent please)		
Date:		



Please complete this page and pass it to your Priest, Minister or religious leader to verify. When they have completed their section, please return the form to the school.

The parent(s)/guardian(s) of the child named below are applying for a place at Holy Trinity CE School. To support their application, please complete the form below and return it to the parent(s)/guardian(s) so that it can be received by the school by the closing date.

TO BE COMPLETED BY PARENT/GUARDIAN

SURNAME OF CHILD FIRST NAME

DATE OF BIRTH

NAME OF PARENT(S)/GUARDIAN.....

HOME ADDRESS.....

..... POST CODE

TO BE COMPLETED BY PRIEST / MINISTER

NAME OF CHURCH:
.....

Is this church a member of Churches Together in Britain and Ireland or The Evangelical Alliance?
Yes No

Has the family attended church once a month for the last twelve months?
Yes No

SIGNATURE OF PRIEST / MINISTER

DATE

(PLEASE PRINT NAME)

ADDRESS OF CHURCH:.....

.....

TEL NOChurch Stamp/ Additional comments: