



Office Use Date Received	Details Checked	Admission Category	Distance to Holy Trinity	Year Group

HOLY TRINITY PEWLEY DOWN

A Federation of Holy Trinity Junior & Pewley Down Infant Schools

Holy Trinity (C of E Aided) Junior School, Guildford **SUPPLEMENTARY INFORMATION FORM 2016**

Parents wishing to apply for a place at Holy Trinity School should ensure that they have:

- Completed a Surrey County Council application form and returned it to Surrey County Council. SCC forms and information are available on the website: www.surreycc.gov.uk/admissions or, alternatively, telephone the Contact Centre (0300 200 1004) for a paper copy.
- Completed this form in full, if applying under criteria 3, 6, 7 or 8 after referring to the attached information which explains procedures for admission.

The closing date for receipt of both forms is: **15 January 2016.**

(to be completed in block capitals)

<u>Child's Details:</u>	
Surname: _____	First Name: _____
Date of Birth: _____	School Year when admission requested: _____
Permanent Home Address (including post code): _____	
Name of Parent or Legal Guardian: _____	
Telephone No. Home: _____	Mobile: _____
E-mail address _____	

Criterion under which you are making this application – please refer to the Admissions Criteria

Criteria 3 & 6 (children of a member of staff): *Name of staff member & date on which employment at HTPD commenced:* _____

Criteria 7 & 8 (Church School):

If you are applying on the basis of seeking a Church School for your child, please indicate below:

<input type="checkbox"/>	I confirm that I am an active member ¹ of Holy Trinity and/or St Mary's Church in Guildford, or
<input type="checkbox"/>	I confirm that I am an active member ¹ of _____ in _____
<input type="checkbox"/>	<i>I have attached a letter from our parish priest, church minister or equivalent to confirm active membership of our church.</i>

Before signing this form to confirm that the details given above are correct, please check that you have also completed

SCC on-line application or, paper application form

Signature of Parent or Guardian _____ Dated _____

*Please complete and return to Holy Trinity School, Addison Road, Guildford GU1 3QF.
Do not hesitate to contact the school office if you need any further information – telephone 01483 539033.*

¹ For a definition of 'Active Member' please see the Admissions Criteria.