



Holy Trinity Catholic Primary School

APPLICATION FOR ADMISSION TO HOLY TRINITY SCHOOL SEPTEMBER 2025

CHILD'S DETAILS

Forename (s):

Surname:

Child's Date of Birth: Day: Month: Year:

Gender:

Female

Male

PARENT OR GUARDIAN DETAILS

Forename:(Please tick appropriate box)

Surname: Parent
 Guardian

Home Address of Parent or Guardian:

.....
.....

Email Address:

Post Code: Tel (Home):

Tel (Work): Tel (Mobile):

Faith of Child:

Church of Baptism

Approximate Date of Baptism:

Please return completed form to Holy Trinity School

Office Use Only

Proof of Baptism seen

Signature: Date: