



HOLY TRINITY C OF E JUNIOR SCHOOL
Bute Road, Wallington, Surrey, SM6 8BZ

CLERGY FORM

The parents/guardians of the child named below have applied for a place at Holy Trinity School and have given your name as a referee. Would you kindly complete and return this form at your earliest convenience. Without this form the Governors will be unable to consider the parent/carer's application under the foundation place criteria.

Thank you for your help.

Chair of Governors/Chair of Admissions Committee
Rev Stephen Coe/Mrs Pam Norton

SURNAME OF CHILD:

OTHER NAME(S):

DATE OF BIRTH:

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

ADDRESS:

NAME OF CHURCH:

Please indicate whether either or both parents and/or child are currently regular worshipping members of your church (ie, approximately fortnightly over six months)

If less than six months from which church did they transfer?

Please make any other comments below if you wish (or in a separate letter)

Signed:

Date:

Minister/Priest of:

Church:

Address:

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Tel No:



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