



**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 David King/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:** .....

.....

.....

**Tel No:** .....



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