Holy Trinity Lamorbey Church of England Voluntary Aided Primary School Nursery Application Form September 2022



Please return the completed form to the school by 12.00 noon, Friday 25th March 2022 Please include a copy of your child's birth certificate and proof of your address e.g. utility bill

Child's Surname:				Child's First Na	ame:								
Address (ev	idence												
will be requ													
wiii be requ	iii eu j.												
Date of Birth:				Name of Parish in									
			which you live:										
Date of Baptism			Place of Baptism										
(if applicable):				(if applicable):									
Details of parent(s) who live with the child													
		Parent 1		Parent 2									
Title:		Mobile		Title:		Mobile							
		No:				No:							
Surname:		1		Surname:									
First				First									
Name:				Name:									
Email				Email									
address:				address:									
Name(s) of sibling(s) already attending HTL Date of Birth Class													
Any other information in support of your application													
Nursery Sessions													
		ssions prefere	ence. We will make ev	very effort to me	et vour n	reference hut t	his canr	not he					
	•	·		,			ins carm	iot be					
guaranteed. I would prefer: morning sessions afternoon sessions all day													
Clerical Reference: If you are supporting your application with a clerical reference, please take this form to your parish													
priest or minister, who should complete the final part overleaf.													
Declaration by parent I hereby apply for a place at Holy Trinity Lamorbey Church of England Voluntary Aided Primary School for my child. All													
			ct. I have read the sch		-	-							
	_				•			•					
this application form does not guarantee a place for my child at the school. I have read the Privacy Notice in the Policies section of the school website.													
	2 33.1001 W												
Cianatura /-	arantl.												
oignature (p	parent):	••••••				•••••							
Parent's Name (please print): Date: Date:													

Clerical Reference Form, to be completed by Vicar/Minister Holy Trinity Lamorbey Church of England Voluntary Aided Primary School Nursery Application Form

Name of Child	•							
Name of Child	•							
Place of Worsh	nip:							
Vicar/Minister	Decl	arat			1			
		L.	Parent Name		Lengt	th of Time		
I have known		٠.		for				
i nave known	2	2.			for			
			A fraguent wershipper	Gr	owing i	n tha Christ	ion Eoith	
	Gov	erno	A frequent worshipper ors regard 'frequent' as being attendance at		_	in the Christian Faith egard 'Growing in Faith' as		
			twice a month for the last twelve months	a commitme	ent, for example,			
		_		hurch fellowship e such as Alpha,				
				8	-	least six mo	•	
Parent 1 is:			Yes □ No □		Yes □] N	o 🗆	
Parent 2 is:			Yes □ No □	Yes □ No □				
Signed (Vicar/	Minis	ter)	: Date:					
Name (please print): .			Status:					
Name and address of church:								
Please indicate Ireland (which or of the Porvo	Yes □	No □						
	Ple	ase	note: the information in this form may b	e used at a	n appe	al hearing		
			Church Sta	mp				

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