



Application for Admission

Please complete this form in type or write in black ink.

Please complete a form for each child for whom a place is being sought.

Return to Naomi Mobbs at Trinity Christian School, 11 Glebe Road, Reading, RG2

7AG or info.trinitychristianschool@gmail.com

The child for whom admission is being sought

First Name(s)		
Surname		
Gender		
Date of birth		
Year and term admission is sought		
Year Group		
Address		
Email address		
Home telephone number	-	
Please give details of any relevant medical history		
Please give details of any additional educational needs		

Please give name and address of present school (if applicable)	
Number of years child has attended this school	
Parents / legal guardians of the child	
Father's full name	
Address (if different from child's)	
Home telephone number (if different from child's)	
Occupation	
Work phone number	
Church attended (if any)	
Are you a member of this church? Yes/No	
Mother's full name	
Address (if different from child's)	
Home telephone number (if different from child's) Occupation	
Work phone number	
Church attended (if any)	
Are you a member of this church? Yes/No	
Other children in the family	
Name Sex Age School attended if applicable	5

How did you hear about Trinity Christian School?	
Reasons for your application _	
Signatures of applicants	
in accordance with it.	's Doctrinal Basis and agree to my child being educated ace for my child in Trinity Christian School.
Signature	Date
in accordance with it.I wish to apply for a plan	's Doctrinal Basis and agree to my child being educated ace for my child in Trinity Christian School. Date
Persons from whom reference	es may be sought (these people should have known could be a church minister, an employer or family
1) Name	
Address	
Email address	Telephone number
2) Name	
Address	
Email address	Telephone number