Trinity Christian School

wisdom knowledge truth

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 the headteacher, Mrs Pearl Linkens 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 _____

_____

Parental 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 (or legal guardian'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 (or legal guardian'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

How did you hear about Trinity Christian School? _____

_____

Reasons for your application _____

_____

_____

Signatures of applicants

Father (or legal guardian)
- I have read the School's Doctrinal Basis and agree to my child being educated in accordance with it.
- I wish to apply for a place for my child in Trinity Christian School.

Signature _____ Date _____

Mother (or legal guardian)
- I have read the School's Doctrinal Basis and agree to my child being educated in accordance with it.
- I wish to apply for a place for my child in Trinity Christian School.

Signature _____ Date _____

Persons from whom references may be sought (these people should have known you for at least 2 years. They could be a church minister, an employer or family friend)

1) Name _____

 Relationship to family_____

Address _____

_____

Email address _____Telephone number_____

2) Name _____

 Relationship to family_____

Address _____

_____

Email address _____Telephone number_____