



HOLY TRINITY R.C. PRIMARY SCHOOL BRIERFIELD (8883754 – 13017)

NURSERY ADMISSION REQUEST FORM

PLEASE NOTE – COMPLETION OF THIS FORM IN NO WAY GUARANTEES YOUR CHILD A PLACE.

Child Surname:		Child Forename:	
Middle name:		Chosen name:	
Gender:		Date of Birth:	
Pupil Address & Post Code:			
Religion:			
Any known medical conditions:			
Names of any siblings in school:			
<p>Sessions required (please tick):</p> <p>30 hour entitlement session times:</p> <p><input type="checkbox"/> Full time (free 30 hours) – Monday to Friday (8.45-3.15)</p> <p>15 hour entitlement session times:</p> <p><input type="checkbox"/> Part time AM sessions (8:45am-11:45am) – Monday to Friday</p> <p><input type="checkbox"/> Part time PM sessions (12:15pm-3:15pm) – Monday to Friday</p> <p>Do you require any wrap around care (these will be booked weekly via ParentMail):</p> <p><input type="checkbox"/> Breakfast club</p> <p><input type="checkbox"/> After school club</p>			
Signed:			
Date:			
Name:			



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DIOCESE OF SALFORD SUPPLEMENTARY FAITH REQUEST FORM

Parish Community in which you live/worship:.....

Please confirm that the applicant is a Baptised Catholic

Yes		No	
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The Baptismal Certificate must be presented to the school.

If the applicant is **not** Baptised Catholic are they a member of Churches Together in Britain and Ireland?

Yes		No	
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Church in which you worship.....

The Christening Certificate must be presented to the school.

Signed (Parent/Guardian).....

Date.....