

CANDIDATE
PHOTO



FOR OFFICE USE ONLY

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SHIRLEY PARK CROYDON CR9 7AT
TEL: 020 8656 9541 FAX: 020 8655 0522

Thank you for applying to Trinity School. Please complete this application form in BLOCK CAPITALS and return it to us, together with a (non-refundable) application fee of £90. The application fee can be paid by cash or Wisepay (accessed via www.trinity-school.org). Late applications are permitted under special circumstances and incur an additional administration fee of £20. There is a deposit of £800 for those subsequently taking up offers of places.

Application and Scholarship forms are invited from Friday 1st September to Monday 27th November 2017. Bursary forms will be accepted by the Foundation until Thursday 30th November 2017.

CANDIDATE DETAILS

Forenames of candidate _____ Surname of candidate _____

Please underline the name by which he is usually known

Date of birth _____ Year of proposed entry _____

Age in years and months on 1st September of proposed year of entry _____ years _____ months

Please supply a copy of your child's birth certificate (no originals please).

DETAILS OF ADULT MAKING THE APPLICATION (primary contact for all correspondence)

Title _____ Forename _____ Surname _____

Address _____ Postcode _____

Telephone (home) _____ Telephone (work) _____

Mobile _____ Relationship to candidate _____

E-mail (please print) _____ Occupation _____

DETAILS OF OTHER ADULT (PARENT, STEP-PARENT, GUARDIAN) WITH PARENTAL RESPONSIBILITY

Title _____ Forename _____ Surname _____

Address _____ Postcode _____

Telephone (home) _____ Mobile _____

Occupation _____ Relationship to candidate _____

Please state if a parent is deceased _____

PRESENT SCHOOL (from whom a reference will be sought prior to the entrance examinations)

Name _____

Address in full _____

_____ Postcode _____

Tel _____ Name of Head _____ State Independent

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DETAILS OF SIBLINGS CURRENTLY AT TRINITY

Name _____ Year _____

FEE REDUCTIONS

Scholarships

All applicants are automatically considered for an academic scholarship. If you wish your son to be considered for any other scholarship (Music, Sport, Drama, Art, Design Technology), please download the relevant application form from our website or request a copy from the Admissions Registrar. Candidates may apply for a maximum of two scholarships. **Scholarship forms must be returned with this application form.**

Whitgift Foundation Bursaries

If you wish to apply for a bursary, application forms can be downloaded from our website and are also included in our prospectus pack. **Bursary forms must be returned to the Whitgift Foundation before Thursday 30th November 2017.**

CIRCUMSTANCES RELATING TO YOUR CHILD OF WHICH THE SCHOOL SHOULD BE AWARE (Please tick boxes as appropriate)

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Severe allergies (please specify below) | | |

Other/additional details _____

My child carries the following: Epipen Asthma pump Insulin

My child has an Educational Psychologist's report: Yes No Copy enclosed: Yes No

Do you have a family connection with any of the Whitgift Foundation schools? Yes No

If yes, please give details _____

OTHER APPLICATIONS

Are you applying to any other schools? Yes No

If yes, please list below (both state and independent)

This application for registration is made on the basis of the terms and conditions published in the Prospectus Supplement for Entry in September 2018, which I confirm I have read. If the child on whose behalf this application is made is accepted and admitted to Trinity School, I hereby undertake for myself and the child to be bound by the said conditions.

Parents' signatures _____

Date _____

CANDIDATE NUMBER (for office use only)

TO BE COMPLETED BY THE CANDIDATE

We look forward to seeing you for the Trinity Entrance Examination in January and hope you will enjoy your day with us. So that we can get to know something about you before you come please could you answer the questions below.

Age group (please circle): 10+ 11+ 13+ other: _____

Your first name or name by which you like to be called _____

Your surname _____

Address _____

Which school do you go to?

What are your favourite hobbies/interests?

What are your favourite subjects at school?

What do you particularly like about:

Sport _____

Music _____

Art/Design _____

Drama _____

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Which books/authors have you enjoyed reading? _____

What is your favourite TV programme? _____

Have you been to Trinity before? Yes No If 'yes', tick all that are true:

- i) Open Morning
- ii) Term time tours of the School
- iii) Sports Courses
- iv) Swimming Galas
- v) Drama Productions
- vi) Science/Maths Mornings
- vii) Other (please specify) _____

Are any of your friends sitting the Trinity exam? If 'yes', what is his/their name/s?

Do you know how you would get to Trinity? Yes No If 'yes', tick all that are true:

- i) I would walk
- ii) I would need to travel by one bus/two buses
- iii) I would need to travel by train
- iv) I would need to travel by tramlink
- v) I would be transported by private car

Scholarships

You are automatically considered for an academic scholarship when you sit the entrance examinations. If you are particularly talented in Sport, Music, Art, Design Technology or Drama and would like to try for a scholarship, your parent(s) will need to fill in a special form that they can download from the website or request from the Admissions Registrar.

Thank you for filling in this form. It will be kept on file at school.

Sign your name here _____