**Supplementary form - Admission to Hutton Church of England Grammar School - September 2025**

**Name of Child**:

**Surname . . . . . . . . . . . . . . . . . . . . . . . . . . Forename(s) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Date of Birth** . . . . . . . . . . . . . . . . . . . . . .

**Name of Parent(s) / Carer(s)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Post Code** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Telephone . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Are you applying for a place because of:** (**Please read the attached admission criteria descriptions for details before completing this section of the form.** You may tick more than one box. If you tick the box for **Special social/medical needs** you must also attach **professional supporting evidence** or your application cannot be considered in this category.)

Living in local area Special social/medical needs

Sibling in school Parental faith commitment

**If you are applying on grounds of parental faith commitment, you must complete the following sections:**

**Place of worship** one of parent(s) / carer(s) regularly attends:

**Name of place of worship** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Name of vicar / priest / minister / faith leader / church officer**:

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**Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Post Code** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Telephone**  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**E-mail Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Hutton Church of England Grammar School will use the information provided on this form only in connection with your application for admission. It will only be used in order to place students in appropriate admission categories including assessment by governors of supporting evidence for category 1b and in order to obtain confirmation of parental faith commitment from the place of worship listed above for categories 3a, 3b and 5a.

A copy of this form will be shared with the individual named at the place of worship to enable them to respond appropriately and to show them that you consent to this information being provided to us for this purpose. Please sign below to indicate that you consent to this being shared and that you wish for the individual named to provide confirmation of parental attendance at worship. **In the event that during the period specified for attendance at worship the church (or relevant place of worship) has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church (or relevant place of worship) or alternative premises have been available for public worship.**

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_