Supplementary form - Admission to Hutton Church of England Grammar School

Child Surname	Child Forename(s)
••••	
Date of Birth	
Name of Parent(s) / Car	er(s)
Address	
Post Code	
Are you applying for a pla completing this section of	the form. You may tick more than one box. If you tick the box for Special social/medical professional supporting evidence or your application cannot be considered in this
Living in local area	Special social/medical needs
-	
Sibling in school	Parental faith commitment
	rounds of parental faith commitment, you must complete the following sections: parent(s) / carer(s) regularly attends:
Name of place of worsh	ip
Address	
Name of vicar / priest /	minister / faith leader / church officer:
Post Code	Telephone
E-mail Address	
for admission. It will only be	ammar School will use the information provided on this form only in connection with your application used in order to place students in appropriate admission categories including assessment by governors tegory 1b and in order to obtain confirmation of parental faith commitment from the place of worship, 3b and 5a.
show them that you consent to this being shared and that event that during the period public worship and has not p	ared with the individual named at the place of worship to enable them to respond appropriately and to to this information being provided to us for this purpose. Please sign below to indicate that you consent you wish for the individual named to provide confirmation of parental attendance at worship. In the specified for attendance at worship the church (or relevant place of worship) has been closed for rovided alternative premises for that worship, the requirements of these [admissions] arrangements only apply to the period when the church (or relevant place of worship) or alternative premises have ship.
Signed:	(Parent/Carer)
Name:	Date: