



# THE GREY COAT HOSPITAL

WESTMINSTER

Head Teacher Siân Maddrell

## Supplementary Information Form 2018/2019

Please print clearly. Please complete the identification form and attach to this a passport sized photograph with your daughter's name and date of birth clearly written on the back for identification purposes during the assessment test only.

Legal surname of child

\_\_\_\_\_ (This must be the same name as your Common Application Form)

First Name(s)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name of Parents/Guardians

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode

\_\_\_\_\_

Borough

\_\_\_\_\_

Contact Telephone Numbers

\_\_\_\_\_

(please state which parent/guardian)

If applicable, Name and Form of sister(s) currently attending The Grey Coat Hospital.

NAME OF SISTER

\_\_\_\_\_

FORM

\_\_\_\_\_

**Please read the Admissions Criteria very carefully, then tick the category or categories for which you wish your daughter to be considered. You may choose more than one category.**

Church of England

If you are applying for a Church of England place, please see details on the following page. Applicants for Church of England places will automatically be considered under the criteria for Open places if unsuccessful under the Church of England criteria.

Other Church

If you are applying for an Other Church place, please see details on the following page. Applicants for Other Church places will automatically be considered under the criteria for Open places if unsuccessful under the Other Church criteria.

Open Place

No religious criteria

Please tick this box if your daughter has taken the Languages aptitude test to apply for one of the fifteen Languages Places. The criteria for this is set out in section two of the Admissions Policy. Parents will receive information separately regarding the outcome of the test in mid-October 2017.

If you wish your application to be considered by the Governors under paragraph 1.7 of the Admissions Policy and have attached evidence from medical or other professionals in support of your application, please tick this box.

Please tick this box if your daughter is Looked After or Previously Looked After. Please provide documental evidence. The criteria for this is set out in section five of the Admissions Policy.

Please turn over



**CHURCH OF ENGLAND AND OTHER CHURCH PLACES**

**APPLICATION FOR A CHURCH PLACE:**

A clergy reference will be required and you will need to give/ send the lilac Clergy Form enclosed in this pack to your Vicar(s) or Minister(s). He, she or they will need to complete the form and **return it directly to the school**, using the envelope provided.

If you have changed your place of worship within the last five years, you will need to obtain additional references to complete your full attendance history. If you attend more than one place of worship concurrently, or if your Vicar/Minister has changed within the last five years, additional clergy references will also be necessary.

If you wish confirmation that we have received your clergy reference form(s), please remember to complete your address and postcode and put a stamp on the acknowledgement card(s) supplied.

Church Affiliation (denomination/religion) \_\_\_\_\_

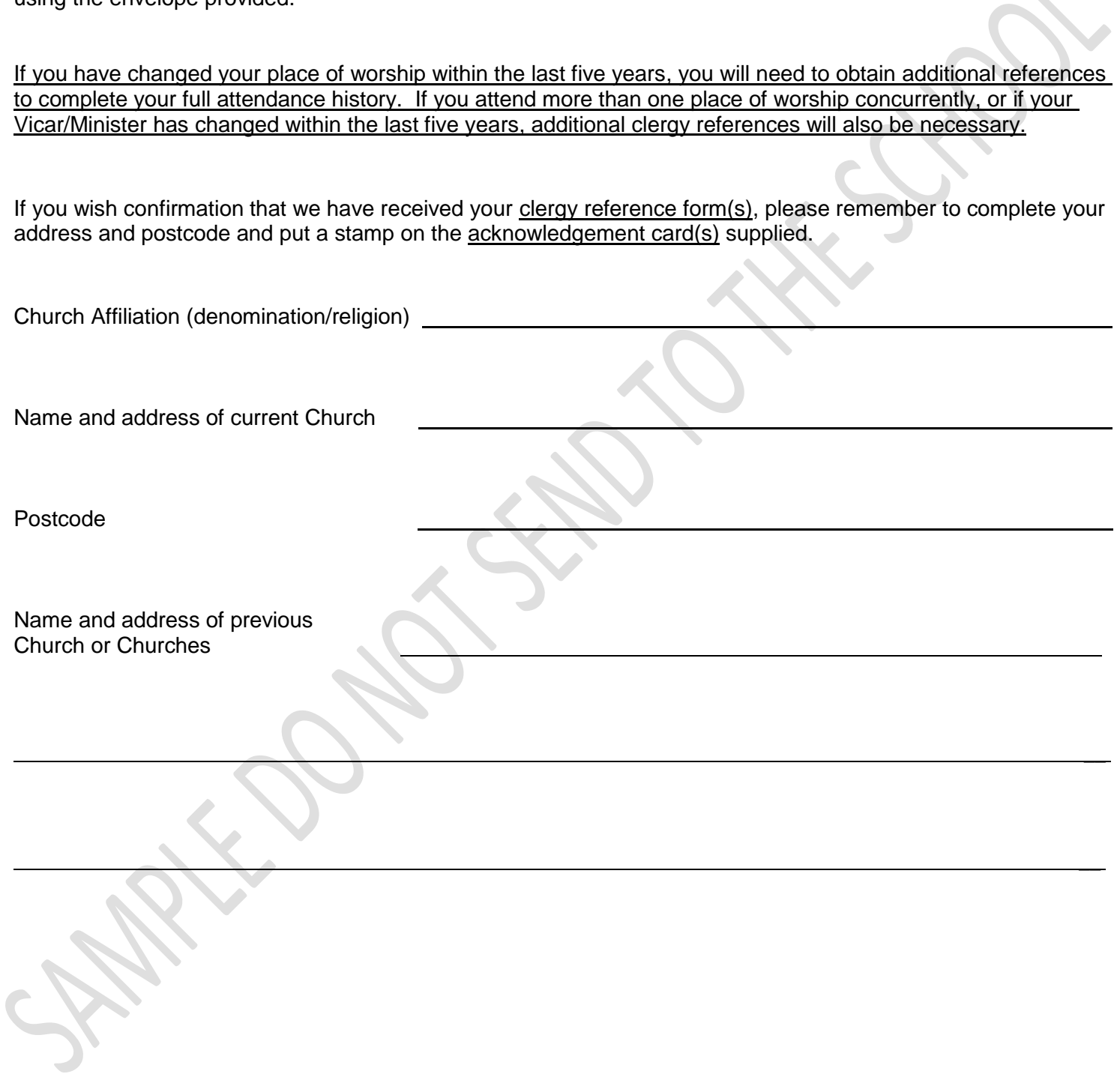
Name and address of current Church \_\_\_\_\_

Postcode \_\_\_\_\_

Name and address of previous Church or Churches \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



If you are applying for a place under the 1.7 category of The Grey Coat Hospital Admissions policy, please outline details of the exceptional medical, social or educational need here and indicate the connection between your daughter's need and The Grey Coat Hospital. Please enclose written supporting documentation from a medical consultant, senior social worker or other appropriate professional.

Please continue overleaf if necessary ⇨

I have filled in this supplementary form in good faith. I am aware that the offer of a place may be revoked if any misrepresentation comes to light.

Signed \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

Assessment Date and Times - All tests will be taken at the St Michael's Building, 98 Regency St. SW1P 4GH. For timing and details of the tests please see the information sheet enclosed.

Please return this form by **TBC** to:

**The Head Teacher, The Grey Coat Hospital, St Andrew's, Greycoat Place, London SW1P 2DY**