

Supplementary Application Form for Entry into
Hill Top CE Primary School

To be completed by Parent / Guardian

And returned directly to Hill Top CE Primary School, Common Road, Low Moor, Bradford BD12 0TL

Your child

Full Name _____ Sex (M/F)

Date of Birth _____

Parent(s) Names _____ & _____

Permanent Address _____

Does your child have an Educational and Health Care Plan, with Hill Top CE Primary as the named school?

Is your child in public care, i.e. looked after by a local authority? _____

Brothers or Sisters Already at Hill Top CE Primary School

Do you have a child currently at Hill Top CE Primary School? _____

Will they still be there when your child is eligible for entry into school? _____

Names(s) _____ Class(es) _____

Links with the Holy Trinity Church This section must be completed (if applicable)

What are your child's link with this church? _____

Please indicate when and in what capacity your child attends Holy Trinity:

	Most weeks	About once a month	Occasionally	Never
Regular Services				
Parade Services (Brownies, Cubs)				
Other involvement in Church Community				

What are your links with this church? _____

If you wish to be considered for admission on the grounds of your Christian faith, the attached form should be completed by your minister and returned directly to the school by 15th January 2024.

I apply for my child to be admitted into Hill Top CE Primary School in the Academic Year beginning September 2024.

Signed _____ Parent / Guardian Date _____

Hill Top CE Primary School
Confidential Church Reference

To be completed by Church Minister

And returned directly to Hill Top CE Primary School, Common Road, Low Moor, Bradford BD12 0TL

Child's Name _____

Parents Names _____ & _____

To the best of your knowledge the child attends: (please indicate as appropriate)

	Most weeks	About once a month	Occasionally	Never
Regular Services				
Parade Services (Brownies, Cubs)				
Other involvement in Church Community				

Length of time involved with Holy Trinity (or other churches) to your knowledge _____ Years / months

Further details (please continue overleaf if necessary)

To the best of your knowledge the parent/parents/carers attend: (please indicate as appropriate)

	Most weeks	About once a month	Occasionally	Never
Regular Services				
Parade Services (Brownies, Cubs)				
Other involvement in Church Community				

Length of time involved with Holy Trinity (or other churches) to your knowledge _____ Years / months

Further details (please continue overleaf if necessary)

Clergy Recommendation (please indicate as appropriate)

Strongly recommended	
Recommended	
Unsure	
Unable to recommend	

Signed _____ Vicar / Minister of: _____

Name _____ Date: _____

Thank you for your kind assistance