

Appendix A

**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?

YES		NO	
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Is your child in public care, i.e. looked after by a local authority?

YES		NO	
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**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 15<sup>th</sup> January 2026.

I apply for my child to be admitted into Hill Top CE Primary School in the Academic Year beginning September 2026.

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