



THE GREY COAT HOSPITAL
WESTMINSTER

Acting Joint Headteachers Sandra Young and Peter Shaw

St Andrew's
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St Michael's
98 Regency Street, London SW1P
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Email: info@gch.org.uk

Date as received

Dear Clergy referee

Re: _____ D.O.B. _____

I enclose a form for the clergy reference for a young member of your congregation who is applying for a place at The Grey Coat Hospital. I would be most grateful if you would fill in the form and return it to the school as soon as possible and at the latest by the closing date of **Friday 15th November 2019**. Please note that the clergy referee should NOT be directly related to the child (e.g. parent or grandparent). Please note that the reference process is generally confidential but may need to be disclosed as part of the appeals process should the application for a Church or Other Church place be unsuccessful.

Clergy who are new to London may not be aware of the extent to which Church schools are over-subscribed, and how much depends on a clergy reference. The Grey Coat Hospital, for example, regularly has over 1000 applicants for 151 places. The Governors' admission criteria rely on accurate information rather than a subjective recommendation. Serious injustice could be done inadvertently, if there are inaccuracies in a reference. Please ensure that the form is completed as fully as possible, and returned on time.

The admissions criteria distinguish between Church of England applicants and those who are full members of churches that belong to Churches Together in Britain and Ireland or the Evangelical Alliance. **Please state clearly inside whether your church belongs to the above organisations, and please supply evidence of membership.**

The Governors' admissions policy which clarifies the nature of the school and the admissions criteria for Church places can be found on the school website www.gch.org.uk.

Thank you very much for your help.

Yours sincerely,

Sandra Young
Joint Acting Headteachers

Peter Shaw

Clergy Form 2020/2021

NB: The clergy referee should not be directly related to the child (e.g. Parent or Grandparent).

Please use BLOCK CAPITALS and answer ALL questions

Name of Church _____

Denomination of Church _____

Name of Minister _____

Full Address of Church _____

Postcode _____

Telephone number _____

PLEASE COMPLETE THIS SECTION FOR THE 'OTHER CHURCH' CATEGORY

Is this church a member of Churches Together in Britain and Ireland (CTBI)? YES / NO

Is this church a member of The Evangelical Alliance? YES / NO

Evangelical Alliance Membership Number _____ **Mandatory**

Please provide evidence of membership, e.g. the Evangelical Alliance membership number of your Church or the affiliation to the Churches Together in Britain and Ireland (CTBI) of your Church, as any doubt about membership may prevent a child from being offered a place at the school.

Please turn over →

Please use BLOCK CAPITALS and answer ALL questions

Please only refer to ONE parent /guardian

Name of child: _____

Date of birth: _____

Name of Parent / Guardian: _____

How long have you known this family personally? _____ years

Please answer all questions, as this information is vital in applying our admission criteria.

If you have not been in the parish yourself since the child first came, please ask other established members of your church community to help you.

Parent

Please circle to whom you are referring: Mother Father Guardian

1. Is the parent or guardian a communicant member of your church? YES / NO

2. Please state whether s/he attends weekly

weekly is 40 weeks or more per year i.e. **usually** weekly with allowance for holidays, illness and other reasons.

fortnightly

fortnightly is at least 20 weeks per year i.e. **usually** fortnightly with allowances for holidays, illness and other reasons.

How long has s/he been attending at this frequency?

At least 5 years

Under 5 years but at least 2 years

Under 2 years

3. Is the parent or guardian on the electoral roll or other membership roll? YES / NO

If there is no electoral roll or other membership roll, please tick here

Please turn over →

Child

1. Is the child above known to you as a member of your church? YES / NO

2. Is there a Sunday school at your church? YES / NO

If there is a Sunday school, does she attend Sunday school? * YES / NO
* including other activities in Church taking place during the Church service

If there is no Sunday school, does she attend church with a parent YES / NO

3. Please state whether she attends weekly

weekly is 40 weeks or more per year i.e. **usually** weekly with allowance for holidays, illness and other reasons.

fortnightly

fortnightly is at least 20 weeks per year i.e. **usually** fortnightly with allowances for holidays, illness and other reasons.

How long has she been attending at this frequency?

At least 5 years

Under 5 years but at least 2 years

Under 2 years

4. Is she baptised? (or alternative _____) YES / NO

If it is not usual to baptise young children in your tradition, please state above and mention whether any comparable ceremony such as dedication has taken place.

.....
Name of referee: _____

Position in Church: _____

Signature: _____

Date: _____

Church official stamp:

Thank you for your assistance.

Please return the completed form as soon as possible directly to:

The Headteacher, The Grey Coat Hospital, Greycoat Place, Westminster London SW1P 2DY