



THE GREY COAT HOSPITAL WESTMINSTER

Headteacher: Susanne Staab BA, MA, DipTrans

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Contact us: <https://www.gch.org.uk/contact-us>

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 by Friday the 13th of November, 2026. Please note that the clergy reference should not be from someone 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 place be unsuccessful.

The Grey Coat Hospital is very oversubscribed, with over 900 applicants for 175 places. The Governors' admission criteria rely on accurate information rather than a subjective recommendation. **It is most important that you provide a response to all of the sought information on this reference form.** They are mandatory requirements to be considered for application to this school. Omissions will render the possible loss of an offer of a place to the applicant. A child will not be considered for a Church place if we do not receive a clergy form for them, even if they have selected a Church place in their supplementary form. All components of the form must be completed for it to be eligible. Please add notes to the form if necessary to provide further clarification of attendance or call the school if you need help.

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,

Susanne Staab
Headteacher

Clergy Form

Note: Upon completion, please post a hard-copy of this form to the Admissions Administrator at The Grey Coat Hospital, Greycoat Place, London, SW1P 2DY.

This is a reminder that this form is confidential, meaning that it should not be provided to the school by the parent. This form should be completed and returned directly to The Grey Coat Hospital by the Clergy referee. The clergy referee must 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 answer all questions to the best of your ability

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 30 weeks or more per year i.e. **usually** weekly with allowances for holidays, illness and other reasons.

fortnightly ☐

fortnightly is at least 15 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 ☐

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 30 weeks or more per year i.e. **usually** weekly with allowances for holidays, illness and other reasons.

fortnightly ☐

fortnightly is at least 15 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

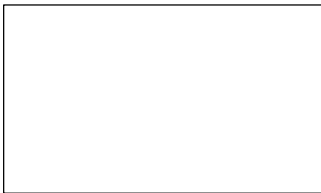
If it is not usual to baptise young children in your tradition, please state above and mention whether any comparable ceremony such as dedication has taken place.

Name of referee: _____

Position in Church: _____

Signature: _____

Date: _____

Church official stamp: 

Thank you for your assistance.

Please return the completed form by Friday the 13th of November 2026