



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL
SUPPLEMENTARY FORM – PRIEST'S REFERENCE FOR ACADEMIC YEAR
2017/18

The following information is requested to assist your Priest in providing a reference. Kindly complete the Self-Assessment section as fully as possible and give the form to the Priest of the Parish where you most regularly attend Sunday Mass and ask if he would kindly return it to the school before the closing date for applicants.

PART A

Your Self-Assessment (to be completed by parents or guardians of the applicant). *delete as applicable.

Applicant Child's Name: _____ Boy/Girl* Date of Birth: _____

Home Address: _____

Telephone Number: _____

If Catholic:

Name of Parish in which you live: _____

Date and Place of Baptism: _____

Name(s) of Parents/Guardians (1) _____ Catholic/NonCatholic*

(2) _____ Catholic/NonCatholic*

Please provide the following details of any siblings who will be in attendance at time of admission.

Name

Date of Birth

Where do you attend Mass? _____

Weekly Yes No (please tick)

If No, please give reasons

Signed: _____ (Parent or Guardian)

Date: _____



PART B

Priest's Reference (To be completed by the Catholic Priest). *delete as applicable.

I agree with the family's self-assessment. Yes/No*

If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below.

Signature of Priest: _____ Date: _____

Parish of Priest: _____

Parish Seal or Stamp:

PART C

Minister's Reference (To be completed by ministers of other denominations or faiths). *delete as applicable.

I agree with the family's self-assessment Yes/No*

Name of Minister: _____

Denomination/faith: _____

Parish or faith community: _____

Address: _____

_____ Telephone No; _____

Signed: _____

Please return this form by 15 January 2017 to:

Admissions Secretary
St Joseph's Catholic Primary School
90 Oakhill Road
Putney
London
SW15 2QD