

CLERGY FORM

The parents/guardians of the child named below have applied for a place at this School and have given you as a referee. Would you kindly complete and return this form.
Thank you for your help.

To be completed by the parent/carer:

Surname of child: _____ Other name(s) _____

Date of birth: _____

Name of parent(s)/guardian(s): _____

Address: _____

To be completed by the minister:

Name and address of your church _____ Tel: _____

Is your church Anglican? Yes/No If no, is your a member of the Churches Together in Britain and Ireland

For how long have the family worshipped at your church?

<6 months 6 months -1 year 1 – 2 years >2 years

How frequently do they attend church worship?

weekly fortnightly monthly festivals other

please give brief details: _____

Signature and official stamp of Minister/Incumbent:

