

BISHOP WINNINGTON-INGRAM C of E PRIMARY SCHOOL

CLERGY REFERENCE FORM

Thank you for applying for a place for your child at B.W.I. School.

If you have applied for a place under criteria 2, 3 or 4 - that is on the basis of one or more of the child's parents/carers worshipping regularly at their own place of worship, it is necessary for us to seek confirmation of the regularity of worship from your priest/minister/religious leader, so that the Governors may consider your application fully.

Could you please therefore complete the details below and return the form to the school within 14 days. You should also ensure that you have named the school on the Local Authority Common Application Form (CAF) which should be returned to the Local Authority either on-line or in hard copy by the specified date.

Please print and use black ink when completing details below.

Name of Child
Date of Birth
Name of parent(s)/guardian(s)
Address

Contact Telephone

Place of Worship
Name of Priest/Minister/Religious Leader
Address

Contact Telephone

To be completed by the priest/minister/religious leader as appropriate

Does at least one of the parents/carers of the child listed above worship at least twice monthly in your church/chapel?

Yes/No. Name of parent/carer

Or

Does at least one of the parents/carers of the child named above take part at least twice monthly in their own faith?

Yes/No Name of parent/carer.....

Signed..... Name

*Please return this form to:
School Office, Bishop Winnington-Ingram C of E Primary School, Southcote Rise, Ruislip, HA4 7LW.*