**Clergy Reference Form**

**Admission to primary school, 2024**

**Foulridge St Michael & All Angels Church of England (VA) Primary School**

**Name of child**:

**Surname . . . . . . . . . . . . . . . . . . . . .Christian names . . . . . . . . . . . . . . . . . . . . . . . .**

Date of birth . . . . . . . . . . . . . . . . . . . . .

**Name of parent/guardian** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Contact Telephone . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

This parent has given your name as a reference for his/her commitment to the church/place of worship.

Our criteria require the parent to have attended their place of worship once a month for six months prior to 1st September 2022.

Has this been the pattern for this parent? YES / NO

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . .

Position . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Church . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

This church is a part of (please tick):

Churches Together in England

Please return this form to . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

By . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .