



ST. JAMES & ST. JOHN
CHURCH OF ENGLAND PRIMARY SCHOOL

4 Craven Terrace London W2 3QD
Tel 020 7641 6218 Fax 020 7641 6220
Headteacher: Mrs V de Angelis BA (Hons) PGCE

RELIGIOUS REFERENCE FORM

This form should be handed to your parish priest, minister, or other religious leader who will complete it and return it to St. James & St. John School to confirm your allegiance to a particular faith.

Family Name _____

Forename(s) _____

Home Address _____

Has the child been baptised? YES () NO ()

Religious Place of Worship _____

Contact Address _____

Is this Place of Worship a member of the Churches Together in Britain and Ireland? YES () NO ()

Frequency of Attendance Weekly () Bi-Weekly () More than twice a month ()

Monthly () Occasionally ()

Duration of Attendance From: _____ (MM/YYYY) To: _____ (MM/YYYY)

Parent / Guardian Is a communicant member of above Place of Worship YES () NO ()

Is on Place of Worship's electoral roll YES () NO ()

Further Relevant Information _____

Religious Leader:

Signature _____

Print Name _____

Date _____

Place of Worship Stamp / Contact Details

