



Archdiocese of Southwark Priest's Reference Form

When applying for a place in a Catholic School in The Archdiocese of Southwark. Please complete and sign the form below and hand it to your parish priest or the parish priest at the church at which you normally worship. He will add his reference and forward the form to the school to which you wish to apply.

If you are not a Catholic, please hand the form to your minister or equivalent who will add his or her reference.

PART ONE - To be completed by the parents or guardians

School to which you are applying: **Saint Joseph's Camberwell Catholic Schools' Federation**
Address of School: **Pitman Street, Camberwell, London SE5 0TS**

CHILDS DETAILS

CHILDS SURNAME: _____ FIRST NAMES: _____

CHILD KNOWN AS: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

POST CODE: _____ RELIGION: _____

PARENT / CARER DETAILS

SURNAME: _____ FIRST NAMES: _____

RELATIONSHIP TO CHILD: _____ RELIGION: _____

SURNAME: _____ FIRST NAMES: _____

RELATIONSHIP TO CHILD: _____ RELIGION: _____

HOME PHONE NO: _____ MOBILE NO: _____

IF CATHOLIC:

Which Parish Church is your usual place of worship: _____
(eg Sacred Heart, St. Wilfrids, St Philip & St. James)

Which Mass do you normally attend Saturday evening / Sunday at?: _____ (Mass time)

How long have you worshipped there? _____ years

How often do you attend Mass? _____ weekly / once or twice a month / less often **(please circle)**

Please add here any other information you may feel is relevant to this application in relation to the school's Admission Policy in respect of exceptional medical, social or pastoral needs of your child that can make only this school suitable for them.

(Continue on a separate sheet if necessary).

I confirm that the information we have given on this form is accurate and truthful:

Signed: _____ Parent/Carer Date: _____

PART TWO

To be completed by the Catholic priest only

FAMILY

Is the family known to you? Yes ☐ No ☐

Regular attendance at Mass ☐

(i.e. every Saturday evening or Sunday)

Occasional attendance at Mass ☐
(i.e. twice a month)

Irregular attendance at Mass ☐
(i.e. Less than once a month)

CHILD

Is the child known to you? Yes ☐ No ☐

Regular attendance at Mass ☐

(i.e. every Saturday evening or Sunday)

Occasional attendance at Mass ☐
(i.e. twice a month)

Irregular attendance at Mass ☐
(i.e. Less than once a month)

Comments: 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) Please continue on a separate sheet if necessary

I am satisfied that the child is a baptised Catholic/enrolled catechumen ☐

I am satisfied that the child has been received into full communion with the Catholic Church ☐

Priest's name: _____

Parish: _____

Address: _____ Tel. _____

Priest's signature: _____ Date: _____

To be completed only by a minister or equivalent

I confirm that this child/family is known to me and they are committed members of our faith community ☐

I confirm that this family are members of our faith community ☐

The family is not known to me ☐

Name: _____ Signed: _____ Date: _____

Position: _____ Parish or Organisation: _____

Please provide any further information you may feel relevant to this application on a separate sheet.

Instructions to the priest, minister or other faith leader:

Please complete and return this form to the Admissions Officer at the Catholic school below. Do **not** return the form to the parents / carers.

Send form to: St Joseph's Camberwell Catholic Schools' Federation,
Pitman Street,
Camberwell,
London SE5 0TS
Phone: 020 7703 9264

email: office@st-josephs-inf-camberwell.southwark.sch.uk