

PRIEST'S REFERENCE

Saint Joseph's Catholic Primary, Little Dorrit Court, London SE1 1NJ

Tel 020 7407 2642 Fax 020 7357 0913

Please return this supplementary form to the school in order to ensure all applications are considered fairly in accordance with the school's Admission Policy.

To be completed by the parents:

Name of Child:	
Name of Parent(s):	
Home Address:	Post code
Telephone:	

To be completed by the priest giving the reference:

1. The parents are known to me:	Yes	No
2. The child is known to me:	Yes	No
3. The child is a member of a practising Catholic family:	Yes	No
4. I support this application:	Yes	No

If the answers to Q3 and Q4 are not the same, and you think there are exceptional circumstances to explain this, please give your reasons below:

Declaration

The above statements about the child named above and his, or her, family's practice are true, to the best of my knowledge and belief.

Date: _____ Priest's Name: _____ signed: _____

Parish Seal

*(to be applied **over** the priest's signature)*



