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***THE GOVERNING BODY***

### *OF ST PETER’S LONDON DOCKS C. OF E. PRIMARY SCHOOL*

***Garnet Street, Wapping, London E1W 3QT***

020 7488 3050

[admin@st-peters.towerhamlets.sch.uk](mailto:admin@st-peters.towerhamlets.sch.uk)

Head Teacher : Mrs E Dickson

**PART B: PRIEST’S REFERENCE** (TO BE RETURNED TO THE SCHOOL)

**To be completed by the parents/carers**

|  |  |
| --- | --- |
| Name of Child: |  |
| Name of Parent(s): |  |
| Home Address: | Post code: |
| Telephone: |  |
| Child’s date of Baptism-If applicable |  |
| Mother’s/ Guardian’s Religion |  |
| Father’s/ Guardian’s Religion |  |
| Church family attends |  |
| Name of Parish Priest/ Religious Leader |  |

**To be completed by the priest giving the reference:**

|  |  |  |
| --- | --- | --- |
| The parents are known to me: | **Yes** | **No** |
| The child is known to me: | **Yes** | **No** |
| The child is a member of a practising Christian family: | **Yes** | **No** |
| One or both of the child’s parents or carers are on the Electoral Role of this church | **Yes** | **No** |
| The child attends our place of worship- Please circle  Weekly Fortnightly Monthly Infrequently | | |
| The family have been attending our place of worship for- Please circle  3 months or less 6 months 1 year More than 1 year | | |
| I support this application: | **Yes** | **No** |

|  |
| --- |
| *If you think there are exceptional circumstances to support your application, please give details below:* |

**Declaration**

I confirm that the above statements about this child and his or her family’s practice are true, to the best of my knowledge and belief.

Date:\_\_\_\_\_\_\_ Priest’s/Religious Leaders Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parish Priest’s Countersignature** (only where the Parish Priest is not giving the reference):

I confirm that the child is **resident** in my parish.

Date:\_\_\_\_\_\_\_ Priest’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Parish stamp or seal**

**This form must be completed and returned to the School Office with the Supplementary Form**