



Roehampton Church School

Religious Reference

Return to the School Office

Part A

To be completed in CAPITAL letters by Parent(s)/Carer:

Child's Surname: _____ Child's First Name: _____

Child's Date of Birth: _____ Year Applying For: _____

Address: _____

Mother's Full Name: _____ Father's Full Name: _____

Carer's Name: _____

Name of Priest/Minister: _____

Name & Address of Parish: _____

Part B

To be completed by the Parish Priest/Minister who knows the family and child.

Please fill in as much as you can in the following sections in CAPITAL letters:

1. I know all the family: _____

2. The child only is known to me: _____

3. They are new to the Parish: _____

4. I do not know this family: _____

Signature of Priest/Minister: _____ Date: _____

Please confirm Name & Address of Parish: _____

Official Parish Stamp: _____

Please return this form either by post or to the parent who will need to send it to Roehampton Church School, 245 Roehampton Lane, London, SW15 4AA
Tel: 020 8788 8650