

Supplementary Form



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL 2017/18

Self-Assessment Form for Priest's Reference

The following information is requested to assist your Priest in providing a reference. Kindly complete the Self-Assessment section as fully as possible and give the form to the Priest of the Parish where you most regularly attend Sunday Mass and ask if he would kindly return it to the school before the closing date for applicants.

PART A

Your Self- Assessment (to be completed by parents or guardians of the applicant)

Applicant Child's Name _____ Boy/Girl Date of Birth _____

Home Address _____

Telephone Number _____

If Catholic:

Name of Parish in which you live _____

Date and Place of Baptism _____

Name(s) of Parents/Guardians (1) _____ Catholic/NonCatholic

(2) _____ Catholic/Non Catholic

Please provide the following details of any siblings who will be in attendance at time of admission.

Name

D.O.B.

Where Do You Attend Mass? _____

Weekly Yes No (please tick)

If No, please give reasons _____

Signed: _____ (Parent or Guardian)

Date: _____

PART B

(To be completed by the Catholic Priest)

Priest's Reference

I agree with the family's self-assessment. Yes/No

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.

Signature of Priest

Parish of Priest

Parish Seal or Stamp

PART C

(To be completed by ministers of other denominations or faiths)

Minister's Reference

I agree with the family's self-assessment Yes/No

Name of Minister _____

Denomination/faith _____

Parish or faith community _____

Address _____ Tel _____

Signed _____

Please return this form by 15 January 2017 to:

Admissions Secretary
St Joseph's Catholic School
90 Oakhill Road
London
SW15 2QD