



Servite R.C. Primary School



252 Fulham Road, London SW10 9NA
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E-mail: info@servite.rbkc.sch.uk

Parish Priests Reference Form

Part A: To be completed by Parent/Guardian

Child's Surname: _____

Christian Name(s): _____

Date of Birth: _____

Telephone (home): _____

Mobile: _____

Address: _____

_____ Post Code: _____

1st Parent/ Guardian

Surname	
Christian names	
Main telephone number	

2nd Parent/Gaurdian

Surname	
Christian names	
Main telephone number	

Denominational status: *please state which denomination (Roman Catholic, Anglican, etc).*

Child	
Mother/Guardian	
Father/Guardian	

Parish in which you worship regularly

Name of parish	
Name of church	
Name of parish priest	
Name of priest to whom you are known	
For how long have you been worshipping here	
Address of presbytery	

Childs Religion	
Date of Baptism	
Place of Baptism	

Sunday Mass (or Saturday Vigil Mass) please circle which applies in each case.

Child	Weekly	Fortnightly	Occasionally	Never
Mother	Weekly	Fortnightly	Occasionally	Never
Father	Weekly	Fortnightly	Occasionally	Never

Please state how long you have been attending Mass with the frequency you have indicated. I.e. 2yrs 6mths

Father		Mother		Child	
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Please indicate which Mass you and your child normally attend. i.e. 10am

Father		Mother		Child	
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Please include any further information in relation to the admissions criteria for this school, which you think might be helpful in considering the application for a place either below or on a separate sheet. You may, for example, add to or explain any answers given above.

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I confirm:

- (i) that I have read the Admission Arrangements for the School and that I understand and accept the conditions therein;**
- (ii) that the information given on this form is correct and that I have not omitted any material information.**

Signed _____ **Date** _____
Parent/Guardian

PART B: To be completed by the Parish Priest (you may wish to forward the reference to us directly)

Please indicate clearly (e.g. by circling) on the grid given how frequently each member of the family attends Sunday Mass (or Saturday Vigil).

Child	Weekly	Fortnightly	Occasionally	Never
Mother	Weekly	Fortnightly	Occasionally	Never
Father	Weekly	Fortnightly	Occasionally	Never

As far as you are independently aware, how long have they been attending Mass as frequently as you have indicated above.

Years: _____ **months:** _____

How long has the family been registered at your parish	
How do you know the child named on this application form?	
How do you know the family	
For how long have you known the child and family	

Please indicate which of the statements below applies:

I am pleased to support the application on the grounds of strength of commitment to the church	
Only the child is known to me	
The family is not known to me at all	
I am unable to support this application	

Please give information about any reservations which you have, or any compassionate grounds or special circumstances which you believe should be considered.

Please make any comment which you believe might be helpful to the school in considering the application

Signed: _____ Date: _____

Parish: _____ Telephone: _____

Please use Parish Stamp