



**SAINT SAVIOUR'S C.E. SCHOOL**

**Shirland Road, London, W9 2JD**

**Telephone 0207 641 6414**

Clergy Form

**NB: The Clergy referee should not be directly related to the child (e.g. Parent or Grandparent)**

Name of Church: \_\_\_\_\_ Name of Parish Priest: \_\_\_\_\_

Full Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Denomination of Church: \_\_\_\_\_

Is the church a member of Churches Together in Britain and Ireland (CTBI) Yes No?

Is the church a member of The Evangelical Alliance? Yes No

**Please provide evidence of membership if your church is not specifically named on the CTBI website**

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) of Parents(s) or Guardian(s) \_\_\_\_\_

How long have you know this family personally? \_\_\_\_\_ years

*Please answer all questions as this information is vital in applying our admissions criteria. If you have not been in the parish yourself since the child first came, please ask other established members of your community to help you.*

**A. Parents**

(a.1) Are the parents communicant member of your church? Mother \_\_\_\_\_ Father \_\_\_\_\_ Neither \_\_\_\_\_

(a.2) Please state how regularly they attend: \_\_\_\_\_

(a.3) How long have they been attending **at this frequency**? \_\_\_\_\_ years

**B. Child**

(b.1) Is the child above known to you as a member of your church? Yes \_\_\_ No \_\_\_

(b.2) Is he/she baptised? Yes \_\_\_ No \_\_\_ Has he/she been confirmed: Yes \_\_\_ No \_\_\_ N/A \_\_\_ Date: \_\_\_\_\_

(b.3) Is he/she a communicant member of your church? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If it is not usual to baptise young children or admit them to communion in your tradition, please state below:

\_\_\_\_\_

(b.4) Please state how regularly they attend: \_\_\_\_\_

(b.5) How long has he/she been attending **at this frequency**? \_\_\_\_\_ years

(b.6) Is his/her attendance with her parents or guardians? Yes \_\_\_ No \_\_\_

If her attendance is with any other family members, please state: \_\_\_\_\_

Name in capitals: \_\_\_\_\_ Signature: \_\_\_\_\_

Position in Church: \_\_\_\_\_ Date: \_\_\_\_\_

Please give your telephone number (we may need to contact you) \_\_\_\_\_

**Thank you for your assistance. Please return the completed form to:**

**St Saviour's CE Primary School, Shirland Road, London, W9 2JD**

