

PRIEST’S REFERENCE FOR ADMISSION TO SIXTH FORM

Please give this form to a priest who can support your application for a place at a Catholic School.

Name of Child: _____ **Date of Birth:** _____ **Male/Female:**

Name of Parent(s): _____

Home Address: *(The normal family home*)*

Post Code:

Telephone No:

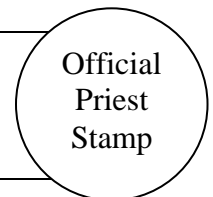
** This is where the child normally lives. The address of another relative or a temporary address is not acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place, particularly where proximity to the school forms part of the governing body’s policy for admissions. If the child lives at more than one address, please give the address which is relevant in accordance with the admission criteria of the school.*

To be completed by the Priest giving the reference.

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|--|--------|
| 1. The parents are known to me | Yes/No |
| 2. The child is known to me | Yes/No |
| 3. The child is a member of a practising Catholic family | Yes/No |
| 4. I support this application | Yes/No |

If the answers to Q3 and Q4 are not the same, please give your reasons below:

Date: _____ Priest’s Signature: _____
Parish Seal
(to be applied over the priest’s signature)



Name of Priest: _____ Position: _____

This form should be completed and returned to the school along with the student application form for entry to Year 12.