



HOLY TRINITY CofE PRIMARY SCHOOL CLERGY REFERENCE FORM/SIF



Thank you for applying for a place for your child at Holy Trinity CofE Primary School.

If you have applied for a place under the faith criteria – that is on the basis of one or more of the child’s parents/carers worshipping at least twice per month for a minimum of two years at their own place of worship, it is necessary for us to seek confirmation of the regularity of worship from your priest/minister/religious leader, so that the Governors may consider your application fully.

Could you please therefore complete the details in the first section below and request that your Priest/ Minister/ Religious leader completes return the form to the school within 14 days. You should also ensure that you have named the school on the Local Authority Common Application Form (CAF) which should be returned to the Local Authority either on-line or in hard copy by the specified date.

Please print and use black ink when completing details below.

To be completed by Parent/Guardian (after completing, please hand to your Religious Leader)

| | |
|---------------------------------------|---------------------------------------|
| Family Name: | Name of Church: |
| Child's name: | Denominations: |
| Family address (inc. postcode) | Church Address (inc post code) |
| Family contact number: | Church contact number: |

To be completed and returned by the Minister or Church Official only

Please note: Electronic Signatures will not be accepted / Form should be returned direct from the Church Official

Does at least one of the parents/carers of the child listed above worship at least twice per month for a minimum of two years in your church/chapel and continues to do so?

| | | |
|------------|-----------|-----------------------------|
| YES | NO | Name of Parent/Carer |
|------------|-----------|-----------------------------|

I confirm that the church is affiliated to the Churches Together in England

or the Evangelical Alliance.

| | |
|--|--|
| Priest/Minister/Religious Leader Name and Signature Name: _____ Signature: _____ | Church Name and Address (and or official stamp) Date: |
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In the event that during the period specified for attendance at worship the church/place of worship has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.

**Dear Church/Faith Official, please return this form by post or email to:
School Office, Admissions, Holy Trinity CofE Primary School, Rickmansworth Rd, Northwood HA6 2RH**

For the attention of Mrs Kenny – admin@holytrinitynorthwood.org