



ST CATHERINE'S COLLEGE

A CHURCH OF ENGLAND ACADEMY

FOUNDATION REFERENCE FORM

THIS FORM MUST BE COMPLETED FOR APPLICATIONS WITHIN THE FOUNDATION CRITERIA. THE PARISH PRIEST, CHURCH LEADER, IMAM OR SPIRITUAL LEADER SHOULD COMPLETE THE FORM, WHICH SHOULD BE RETURNED TO THE PARENT SO THAT S/HE MAY FORWARD IT TO THE COLLEGE FOR CONSIDERATION.

Governors of St Catherine's College give priority to children who worship regularly, or whose parents worship regularly. (In this context, 'parents' includes legal guardians and also includes either or both parents or a sole parent.)

Name of Child:	_____
Address:	_____ _____

I confirm that the child and/or one or both of the parents of the child named above have attended a public service of worship at least once a month during the last twelve months at this place of worship.

Please delete as appropriate:

Is your church Anglican?	YES / NO
Is your church a full member or eligible to be a full member of 'Churches Together in Britain and Ireland' or 'The Evangelical Alliance'?	YES / NO
Does your place of worship fall into 'The Other World Faith' criteria and is it a member body of the UK Inter-Faith Network?	YES / NO

Name of Priest or Minister:	_____
Name of Place of Worship:	_____
Address:	_____ _____
Telephone Number:	_____
Denomination:	_____

SIGNED: _____ DATE: _____

Please either use an ink stamp to confirm the name of the place of worship or attach your letterhead or compliment slip.	
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