



**ST CATHERINE'S**  
**COLLEGE**  
 A CHURCH OF ENGLAND ACADEMY

**FOUNDATION REFERENCE FORM**

**THIS FORM MUST BE COMPLETED FOR APPLICATIONS WITHIN THE FOUNDATION CRITERIA F1-F7. THE PARISH PRIEST, CHURCH LEADER, IMAN OR SPIRITUAL LEADER SHOULD COMPLETE THE FORM, WHICH SHOULD BE RETURNED TO THE PARENT/CARER SO THAT THEY CAN FORWARD IT TO THE COLLEGE FOR CONSIDERATION. THIS FORM DOES NOT NEED TO BE COMPLETED IF YOU ARE APPLYING UNDER THE F8 CRITERIA.**

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

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I confirm that the child and/or one or both of the parents/carers 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.

**In the event that during the period specified for attendance at worship, the church [or, in relation to those of other faiths, relevant 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 in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public 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.

