

## **FOUNDATION REFERENCE FORM**

THIS FORM MUST BE COMPLETED FOR APPLICATIONS WITHIN THE FOUNDATION CRITERIA. THE PARISH PRIEST, CHURCH LEADER, IMAN 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:	
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.	
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.	

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