



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

**FOUNDATION REFERENCE FORM**

**THIS FORM MUST BE COMPLETED FOR APPLICATIONS WITHIN CRITERIA 4, 5 AND 6. 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.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Carer email address: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

**I confirm that the child and/or one or both 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.**

*\*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.

