

CONFIDENTIAL REFERENCE
from a minister/a leader of a worshipping community

ST. ANDREW'S C.E. PRIMARY SCHOOL, HOVE
'Learning together, praying together'

TO BE COMPLETED BY THE PARENT or CARER:

Name of Parent(s) or Carer(s): _____

Name of Child: _____ D.O.B: _____

Address: _____

Telephone number: _____

Email address: _____

TO BE COMPLETED BY THE MINISTER / THE LEADER OF THE WORSHIPPING COMMUNITY

1. The parent(s)/carer(s) of the above child are known to me as a member of my faith community YES / NO
2. The parent(s)/carer(s) of the above named child are regular worshippers at my church / place of worship YES / NO

(Regular is defined as at least twice a month for a minimum period of at least two years immediately prior to applying to St Andrew's.)

Signed: _____ Date: _____

Name of Church /Place of Worship: _____

Contact telephone number: _____

Email address: _____

Please use the reverse of this form for any additional information you may wish to give.

Please return this form in an envelope marked '**STRICTLY CONFIDENTIAL**' to

The Headteacher
St Andrew's CE Primary School
Belfast Street
Hove, BN3 3YT