BISHOP WINNINGTON-INGRAM C of E PRIMARY SCHOOL



CLERGY REFERENCE FORM

Thank you for applying for a place for your child at B.W.I. School.

If you have applied for a place under criteria 2, 3 or 4 - that is on the basis of one or more of the child's parents/carers worshipping at least twice per month for a minimum of two years at their own place of worship, it is necessary for us to seek confirmation of the regularity of worship from your priest/minister/religious leader, so that the Governors may consider your application fully.

Could you please therefore complete the details below and return the form to the school within 14

days. You should also ensure that you have named the school on the Local Authority Commo Application Form (CAF) which should be returned to the Local Authority either on-line or in hard copy by the specified date.	
	Please print and use <u>black ink</u> when completing details below.
Name of Child	
Date of Birth	
Name of parent(s)/	guardian(s)
Full Address	
Post Code	
Contact Telephone	
	Denomination/Religionister/Religious Leader
<u>Post Code</u> Contact Telephone	
To be com	pleted by the priest/minister/religious leader as appropriate
	the parents/carers of the child listed above worship at least twice per month for ears in your church/chapel?
Yes/No.	Name of parent/carer
Or	
Does at least one of their own faith?	the parents/carers of the child named above take part at least twice monthly in
Yes/No	Name of parent/carer
Signed	
closed for public wors [admissions] arrangem	ing the period specified for attendance at worship the church/place of worship has been hip and has not provided alternative premises for that worship, the requirements of these ents in relation to attendance will only apply to the period when the church or alternative railable for public worship.

Please return this form to:

School Office, Admissions, Bishop Winnington-Ingram C E Primary School, Southcote Rise, Ruislip, HA4 7LW.