

CATHOLIC PRIMARY AND NURSERY SCHOOL

'LEARNING TO LOVE, LOVING TO LEARN'

ST JOSEPH'S CATHOLIC PRIMARY SCHOOL SUPPLEMENTARY FORM – PRIEST'S REFERENCE FOR ACADEMIC YEAR 2024/2025

The following information is requested to assist your Priest in providing a reference. Kindly complete the Self-Assessment section as fully as possible and give the form to the Priest of the Parish where you most regularly attend Sunday Mass and ask if he would kindly return it to the school before the closing date for applicants.

PART A

Your Self-Assessment (to be completed by parents or guardians of the applicant). *delete as applicable.

Applicant Child's Name:	Boy/Girl* Date of Birth:
Home Address:	
Telephone Number:	
If Catholic:	
Name of Parish in which you live:	
Date and Place of Baptism:	
Name(s) of Parents/Guardians (1)	Catholic/NonCatholic*
(2)	Catholic/NonCatholic*
Please provide the following details of any siblings	who will be in attendance at time of admission.
Name	Date of Birth
Where do you attend Mass?	
Weekly	No (please tick)
If No, please give reasons	
Signed:	(Parent or Guardian)
Date:	



CATHOLIC PRIMARY AND NURSERY SCHOOL "LEARNING TO LOVE, LOVING TO LEARN"

PART B

Priest's Reference (To be completed by the Catholic Priest). *delete as applicable.

I agree with the family's self-assessment.	Yes/No*	
If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below.		
Signature of Priest:	Date:	
Parish of Priest:		
Parish Seal or Stamp:		
· ,	Yes/No*	
Name of Minister:		
Denomination/faith:		
Parish or faith community:		
Address:	Talanhana Na	
Signed:		
Please return this form by 15 January 2022 to:		
Admissions Secretary St Joseph's Catholic Primary School 90 Oakhill Road Putney London		

SW15 2QD