



**ST. JOSEPH'S**  
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  
2025/2026**

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

**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                      Yes                      No                      (please tick)  
                                    ☐                      ☐

If No, please give reasons

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent or Guardian)

Date: \_\_\_\_\_



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**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.

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Signature of Priest: \_\_\_\_\_

Date: \_\_\_\_\_

Parish of Priest: \_\_\_\_\_

Parish Seal or Stamp:

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**PART C**

**Minister's Reference (To be completed by ministers of other denominations or faiths).** \*delete as applicable.

I agree with the family's self-assessment

Yes/No\*

Name of Minister: \_\_\_\_\_

Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No; \_\_\_\_\_

Signed: \_\_\_\_\_

**Please return this form by 15 January 2025 to:**

Admissions Secretary  
St Joseph's Catholic Primary School  
90 Oakhill Road  
Putney  
London  
SW15 2QD