



Bishop Perrin

Church of England Primary School
Hospital Bridge Road Twickenham TW2 6LF
T: 020 8894 1447 F: 020 8898 2854

'celebrating learning together'

SUPPLEMENTARY INFORMATION FORM **TO BE COMPLETED FOR THOSE APPLYING UNDER RELIGIOUS AFFILIATION** **For admission applications for the school year 2010/11**

Parents should complete the top half of this form so that their application may be considered fully by governors. (Please note: the Local Authority Common Application Form (CAF) for Admission to primary school **must** also be completed.) The Clergy Reference Section should be completed by the Incumbent/Minister at your regular place of worship.

Child's First Name(s)

Surname **Date of Birth**.....

Home Address

Post Code **Home Telephone Number**

Signed (Parent/Guardian)

CLERGY REFERENCE FORM

Name of the Church of England Parish in which you live:

Name of the Church which you attend:

Name of Incumbent/Minister

Address of Incumbent/Minister

NB: If you have changed your place of worship in the last two years you must ensure your previous incumbent or minister also completes a form which must be returned with your application

The parents/guardians of the child named above have applied for a place at Bishop Perrin Church of England School under the religious affiliation admission criterion. They have given your name as a referee. Would you kindly complete this form and either return direct to school or return to the parent/guardian. Thank you for your help.

Is your church Anglican? Yes / No

If no, is your church either a full or associate member of the Churches Together in Britain and Ireland or the Evangelical Alliance?

Full / Associate member / Neither

Have they worshipped for at least twice every month for the last two years? Yes / No

Signature of Incumbent/Minister

Date

THIS FORM SHOULD BE COMPLETED AND RETURNED TO SCHOOL BY 4th DECEMBER 2009