

**CHRIST'S SCHOOL**  
**Queen's Road, Richmond, TW10 6HW**

**CLERGY FORM**

The Parents/Carers of the child named below have applied for a Foundation place at Christ's School and have given your name as a referee. We would be grateful if you will kindly complete this form and return it to the applicant. Thank you for your help.

Surname of child: \_\_\_\_\_ Other name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of Parent(s)/Carer(s): \_\_\_\_\_

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

Name and address of place of worship: \_\_\_\_\_

Is your Church Anglican? Yes/No      If no, is your Church a full member of Churches Together in Britain and Ireland? Yes/No      or, The Evangelical Alliance? Yes/No

For how long have the family worshipped at your Church?

How frequently do they attend Church worship?  
please give brief details below

Please state the nature of the family's involvement in your Church.

Participation in church activities

Child attends Sunday school

Membership of Church committees

Position of responsibility, eg, churchwarden, sacristan, youth leader etc

Leading worship

Other, please specify

Signature of Parent/Carer: \_\_\_\_\_

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

Signature of Minister/Incumbent: \_\_\_\_\_

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