



ARCHDIOCESE
OF SOUTHWARK



Ms Bernadette Boyle BA (Hons) NPQH
HEADTEACHER

BISHOP THOMAS GRANT SCHOOL

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Catholic Parish Priest Reference Request 2019 Entry To be returned to the school with the Supplementary Information Form

NOTES TO APPLICANT

- Please complete PART 1 only.
- Your Parish Priest should complete PART 2. You should then return this form to the school with your Supplementary Information Form. We will only accept the original Priest Reference Form, not a photocopy.
- If you need to obtain a Priest Reference from more than one priest you may photocopy this form or alternatively further copies are available from the school or online at www.btg.ac.

PART 1 (to be completed by the Applicant only)

1. Details of Candidate

Child's Name	
DOB	
Child's Address	
Primary School	

2. Details of Applicant (Parent/Carer)

Title (Mr/Mrs/Miss/Ms/Dr etc)	
First Name	
Surname	
Relationship to Candidate	
Address (If different from Candidate's address given above)	
Contact Number	
Email Address	

Date Baptised:

Date of First Holy Communion:

(continued overleaf)

PART 2 (to be completed by the Parish Priest only)

I am satisfied that the Candidate is a baptised Catholic: **Yes / No (please delete as applicable)**

Is (are) the parent(s) known to you? **Yes / No (please delete as applicable)**
 Is the child known to you? **Yes / No (please delete as applicable)**

Please ensure that the Mass attendance for both the parent/carer and the child are completed.

PARENT/CARER			CHILD		
Weekly attendance at Mass	Yes	<input type="checkbox"/>	Weekly attendance at Mass	Yes	<input type="checkbox"/>
Fortnightly attendance at Mass	Yes	<input type="checkbox"/>	Fortnightly attendance at Mass	Yes	<input type="checkbox"/>
Once a month attendance at Mass	Yes	<input type="checkbox"/>	Once a month attendance at Mass	Yes	<input type="checkbox"/>
Less than once a month attendance at Mass	Yes	<input type="checkbox"/>	Less than once a month attendance at Mass	Yes	<input type="checkbox"/>
Never at Mass	Yes	<input type="checkbox"/>	Never at Mass	Yes	<input type="checkbox"/>
How long has (have) the parent(s) attended your church? _____			How long has the child attended your church? _____		

Comments (if appropriate) regarding the above points:

Priest's Name	
Parish	
Address	
Telephone Number	

Priest's Signature: _____ Date: _____

Parish Stamp or Seal

Please note we will only accept the **original** Priest Reference with the Parish Stamp or Seal.