

MINISTERIAL REFERENCE FORM: to be completed by the Minister

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



Surname of child: _____ First name(s): _____

Date of birth: _____

Name of Parent(s)/ Carer(s): _____

Address: _____

Name of place of worship: _____

Address of place of worship: _____

Does your church belong to the **Church of England**? Yes No

If 'No', is your Church a full member of any of these bodies?

Churches Together in Britain and Ireland Yes No

The Evangelical Alliance Yes No

If 'Yes', please give membership number: _____

Affinity Yes No

If 'Yes', please give membership number: _____

The Federation of Independent Evangelical Churches Yes No

If 'Yes', please give membership number: _____

The Anglican Communion (worldwide) Yes No

I confirm that the child or parent/ carer has worshipped at your Church at least twice a month for two years prior to the closing date for applications (31 October 2018)?

The family has been unable to worship at least twice a month for two years prior to the closing date for applications due to extenuating circumstances beyond the control of the family e.g. illness or caring for an elderly relative. In this instance, please give brief details below.

Signature of Parent/ Carer: _____ Date: _____

Signature of Minister: _____ Date: _____

The applicant needs to submit this form, together with the Christian Foundation Supplementary Information Form, to: Karen Hindle, Admissions Officer, Christ's School, Queens Road, Richmond upon Thames, TW10 6HW