



St. Stephen's C.E. Primary School

Winchester Road, Twickenham, Middlesex TW1 1LF

Tel: 0208 892 3462 Email: info@st-stephens.richmond.sch.uk

Reference request in respect of an application for a place in the **Reception** at the above school

Part A of this form to be completed by the applicant's parents or guardians and then taken to their vicar/minister/religious leader with a request that they fill in and return **Part B** of the form, directly to school.

PART A

Child's Name:.....

Date of Birth:.....

Names of sibling(s) in school:

Parent/Guardian's name and address:

.....

.....

.....

.....

Name and place of worship:

.....

.....

.....

.....

Telephone number:

Signature of Parent/Guardian:

Date:



PART B

To the Parish Vicar/Minister/Religious Leader

Would you kindly answer the following questions and return this form directly to the school.

1. Child's full name:

2. How long has the family attended your place of worship?

3. How often do they attend? (Please circle) a. Weekly b. Fortnightly c. Monthly d. Other

4. Which service do they attend? (Please circle) a. Main Sunday Service b. All-age Service c. Other

5. Name of Parish Vicar/Minister/Religious Leader:

6. Address:

.....

.....

Telephone Number:

Please confirm whether your organisation is a member of:

1. Church of England

2. Churches Together in Britain and Ireland

3. The Evangelical Alliance

4. None of the above

Official Stamp:

Signature(s):Date:

Additional Church official:

The admissions Panel will use this information to inform its decisions. This will be done in order to ensure that all places are allocated in accordance with the school's admissions criteria in the most fair and equitable way possible. Thank you for your assistance.