



Science

THE GREEN SCHOOL

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RELIGIOUS REFERENCE FORM



Please complete all green sections A – E and then give the whole form to your religious leader who needs to complete the purple section F. Your religious leader must then send this entire form to the school. Forms that are emailed / faxed will not be accepted.

Section A – To be **fully** completed by the parents / carers

Student's full name		Date of birth	
Address		Postcode	
☎ Home Telephone		☎ Work Telephone	
☎ Mobile		Number of years of residence in the area	
Religious Faith			

Section B – To be **fully** completed by the parents / carers

Please indicate under which criteria you wish to apply for a place

Christian Foundation		Community	
Other World Faiths			

Number of years you (**the parents / carers**) have attended your place of worship

Number of years **your daughter** has attended her place of worship

Section C – To be **fully** completed by the parents / carers. This section asks questions about you, the parents or carers regarding your attendance at a place of worship. How frequently do you attend your place of worship? Please choose **one** category that best describes your attendance at your place of worship.

Once per week		Once per fortnight	
Once per month		Occasionally to attend main festivals	

Section D – To be **fully** completed by the parents / carers. How frequently does your daughter attend her place of worship? Please choose **one** category that best describes her attendance at her place of worship.

Once per week		Once per fortnight	
Once per month		Occasionally to attend main festivals	



Section E –

Governors hope that parents who have chosen this school for their child have done so knowing that it is a Church of England school with a distinctive Christian ethos. Governors therefore expect parents to give their full support to the ethos of the school. Governors hope that all children will attend the acts of collective worship and will take part in the religious curriculum offered by the school.

Please sign to confirm acceptance and agreement of the above statement

Parent / carer signature _____ dated _____

Section F – To be **fully** completed by the Religious Leader (e.g. Priest, Iman, Rabbi)

Full name		Position	
Name of Place of Worship		Denomination	
Address of place of worship		Postcode	
✉ email address		☎ Work	
 Is your organisation a member of the Churches together in Britain & Ireland?		Yes	No
 Is your organisation a member of the Evangelical Alliance? Membership number <input type="text"/>		Yes	No
Is the information given by the applicant accurate?			
YES		NO	
If no, please give reasons.			
Signature		Date	
Official stamp			