

PART B: PRIEST'S REFERENCE (TO BE RETURNED TO THE SCHOOL)

To be completed by the parents:

17	Name of Child:	
18	Name of Parent(s):	
19	Home Address:	Post code
20	Telephone:	

To be completed by the priest giving the reference:

21	The parents are known to me:	Yes	No	22	The child is known to me:	Yes	No
23	The child is a member of a Catholic family whose level of practice is:						
	Full <i>e.g. attendance at Mass every Sunday</i>	Partial <i>e.g. attendance at Mass twice a month</i>	Occasional <i>e.g. attendance at Mass once a month or less</i>		Not Known		
24	I support this application:					Yes	No
25	<i>If the answer to Q24 is yes without Full Practice, and you think there are exceptional circumstances to explain this, please give your reasons below:</i>						

Declaration

I have read and understood the *Guidance Notes for Parish Priests on Admission to Catholic Schools* and I confirm that, on the basis described in that guidance, the above statements about the child named above and his or her family's practice are true, to the best of my knowledge and belief.

Date: _____ Priest's Name: _____ signed: _____

Parish Seal

*(to be applied **over** the priest's signature)*

Parish Priest's Countersignature (only where the Parish Priest is not giving the reference):

I confirm that the child is **resident** in my parish.

Date: _____ Priest's Name: _____ signed: _____

Parish Seal

*(to be applied **over** the priest's signature)*