

**Clergy Reference Form  
Admission to primary school, 2019**

**Yealand Church of England Primary School**

**Name of child:**

**Surname** .....**Christian Names**.....

Date of birth .....

**Name of parent/guardian**.....

Address .....

.....

.....

Post code .....

**Contact Telephone** .....

This parent has given your name as a reference for his/her commitment to the church/place of worship.

Our criteria require the parent to have attended their place of worship at least once a month for 12 months prior to 1<sup>st</sup> September 2018

Has this been the pattern for this parent? YES/NO

Signed .....

Name .....Date:.....

Position.....

Church.....

This church is a part of (please tick)

Churches Together in England

Evangelical Alliance

North West Partnership

Please return this form to Mrs Katrina Gale [head@yealand.lancs.sch.uk](mailto:head@yealand.lancs.sch.uk)

By 31<sup>st</sup> January 2019