

**The John Fisher School**

**CATHOLIC PARISH PRIEST’S REFERENCE**

**( admission September 2023)**

***Please hand this form to your Parish Priest who will complete Part 2.***

***(Your Parish Priest can either return the form directly to the school by post or email*** [***admissions@johnfisherschool.org***](mailto:admissions@johnfisherschool.org) ***or pass it back to parents to return, along with the Supplementary form.)***

**The suspension of the obligation to attend Sunday Mass was announced on 18th March 2020 by Bishops' Conference of England and Wales.** If a parent/carer attended Mass at a certain frequency at a  parish (or parishes) prior to 18th March 2020 then they will be considered to have attended Mass in that parish (or parishes) with the same frequency since that time

**PART 1 *(To be completed by the Applicant only)***

|  |  |  |
| --- | --- | --- |
| **Candidate’s First Name(s)** |  |  |
|  |  |  |
| **Candidate’s Surname** |  |  |
|  |  |  |
| **Candidate’s Date of Birth** | **DD/MM/YY** |  |
|  |  |  |
| **Candidate’s Home Address** |  |  |
| **(this must be the Candidate’s** | **Postcode** |  |
| **permanent residence)** |  |
|  |  |
|  |  |  |
| **Denomination** |  |  |
| **(e.g., Roman Catholic, C of E, etc)** |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | **Title** | **First Name** | **Surname** |
|  |  |  |  |

**Relationship to Candidate**

**Address, including postcode**

**(if different from Candidate’s address given above)**

|  |  |  |
| --- | --- | --- |
| **Contact Information** | **Contact Telephone Number** | **E-mail Address:** |
|  |  |  |

**Please note:**

Where a Candidate **regularly** attends more than one parish or has attended more than one parish in the last 3 years, it is important that this is confirmed by the Parish Priests at **each** parish in order that he can be placed in the correct category or sub-category. Please ensure that you have passed a copy of **this** reference form to each relevant Parish Priest. The form will normally be returned to The John Fisher School directly from the Parish Priest.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART 2 *(To be completed by Catholic Parish Priests only)*** | |  |  | |  |
|  |  | *(Please circle)* | | |  |
|  | Is the Candidate known to you? | Yes |  | No |  |
|  |  |  |  |  |  |
|  |  |  |  | |  |
|  | I am satisfied that the Candidate is a baptised Catholic or has been | Yes |  | No |  |
|  | received into the church through the process of RCIC. |  |  |
|  |  |  |  |  |
|  |  |  | |  |  |
|  |  |  | | |  |
|  | Candidate’s Mass Attendance on Saturday evening or Sunday: | Weekly | | |  |
|  |  |  | |  |
|  |  |  | | |  |
|  |  | Fortnightly | | |  |
|  |  |  | | |  |
|  |  | Less than Fortnightly | | |  |
|  |  |  |  | |  |
|  |  |  | Never | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  | How long has the Candidate attended your church? | 3 Years or more | | |  |
|  |  |  | |  |
|  |  | 1 – | 2 Years | |  |
|  |  |  | | |  |
|  |  | Less than I year | | |  |
|  |  |  |  |  |  |

If you consider there are valid reasons for Mass attendance to be considered equivalent to weekly, because of illness or other reasons, please state this below.

Priest’s name:

Parish

(or ethnic chaplaincy):

Address:

Telephone:

Priest’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish stamp or seal

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be returned to no later than 31/10/2023**

**Mrs Butterworth (Admissions Officer)**

**The John Fisher School**

**Peaks Hill, Purley,**

**CR8 3YP**

[**admissions@johnfisherschool.org**](mailto:admissions@johnfisherschool.org)