



PARISH PRIEST'S REFERENCE FORM

Prospective pupil's name: D.O.B.:.....

Note to Priest: *Kindly complete this form and return it directly to the school – thank you.*

Please include any comment (if appropriate) regarding the points below on the reverse of this form

Comments from Priest

	YES	NO
I know the prospective pupil	<input type="checkbox"/>	<input type="checkbox"/>
I know the parents/carers	<input type="checkbox"/>	<input type="checkbox"/>

I can confirm that the prospective pupil attends Mass

<input type="checkbox"/> weekly	<input type="checkbox"/> less than weekly	<input type="checkbox"/> I cannot confirm Mass attendance
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I can confirm that the parent/carer attends Mass

<input type="checkbox"/> weekly	<input type="checkbox"/> less than weekly	<input type="checkbox"/>	<input type="checkbox"/> I cannot confirm Mass attendance
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I can confirm that this has been the pattern of family Mass attendance for

<input type="checkbox"/>	As long as the family has been in the Parish
<input type="checkbox"/>	For at least year(s)
<input type="checkbox"/>	Recent months

Priest's signature.....Parish.....

Priest's Name Tel:

Date Parish stamp or seal: