

1 Shernhall Street, Walthamstow, E17 3EA

Other Christian Traditions and Other Faith Applicants Reference Form (SIF)

| Details of Child | |
|--|----------------|
| Full name of child: | Date of birth: |
| Address of child: | |
| Postcode: | |
| Name of Parent(s)/Carer(s): | |
| Telephone number: | |
| Details of Religious Leader providing reference | |
| Faith: | |
| Name of Religious Leader: | |
| Address: | |
| Telephone number: | |
| Declaration of Religious Leader | |
| I declare that the above named family: (please tick correct box) | |
| Is known to me | |
| Is not known to me | |
| Religious Leader's Signature | Date |
| • • • | Official Stamp |

This completed form should be sent to the school at the above address **by 31st October** by either yourself, or your Religious Leader. The form should be confirmed with the official stamp of your Religious Centre or a letter head enclosed. **You must also name Holy Family Catholic School** on your application to your education authority.