

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.