## MINISTER'S REFERENCE IN SUPPORT OF APPLICATION TO NURSERY 2024

Please return the fully completed, signed form to school no later than 5pm on Monday 12th February 2024

Applicant's Details			
Child's First Name	Child's Surname		Child's Date of Birth
Name of Parent(s) or Guardian(s)			Address
Email Address	ail Address Telephone Number		
Referee's Details			
Name of Referee		Role of Referee	
Email Address of Referee		Telephone Number of Referee	
Name of Church		Church Website (if applicable)	
Affiliation (please tick appropriate box – for more information please see the school's Admissions Policy)			
Full Member of Churches Together in Britain and Ireland			
Member of Evangelical Alliance			
Affinity Partner Church			
☐ None of the Above			
Ministeria Defenses			
Ministayle Defenses			
Minister's Reference		Vec/No	Othor Information
Minister's Reference Criterion		Yes / No	Other Information (use reverse if needed)
	church for at least 2 y		
Criterion			
Criterion  Has the family been attending the of the family attend worship at Would the applicant have otherwise	least twice a month?	vears?	
Criterion  Has the family been attending the of the family attend worship at Would the applicant have otherwis and regular worshipper' but were	least twice a month? se qualified as a 'faithforevented from doing	vears?	
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