



CASTLE HILL ST PHILIP'S CE PRIMARY SCHOOL

Church Attendance Reference Form

Child's Full Name

Date of Birth **Home Telephone No.**

Address (including postcode)

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Name of parent/carer

.....

Mobile No. **E-mail**

Place of worship

Name of place of worship

Address

.....

Worship attendance

I wish to confirm regular church attendance for the above child/child's family.

Signed (Church Representative).....**Position held**

Date