



**St Matthew's CE Academy**  
**REFERENCE FORM**



Surname of Child: ..... Date of Birth: .....

Forename(s) of Child: .....

Name of Parent/Guardian: .....

Address: ..... Postcode: .....

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Home Telephone: ..... Mobile: .....

Place(s) of worship should be obtained from more than one place of worship (if appropriate)

Name and Address of Place of Worship: .....

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.....

Name of Vicar/Priest/Minister/Faith Leader or other (please specify): .....

.....

Telephone contact number: .....

Worship Attendance:  
How frequently do you attend worship?

Weekly ..... 3 times/month ..... Fortnightly ..... Monthly ..... Other ..... (please tick)

**This section must be completed by Vicar/Priest/Minister/Faith Leader or Other (please specify)**

Please confirm the information on the reverse of this form and indicate the regularity of worship:

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Signed: ..... Position Held: .....