



ST ALBANS RC HIGH SCHOOL

BE THE BEST YOU CAN BE

LETTER OF SUPPORT FROM A CHRISTIAN MINISTER OF RELIGION OR OTHER FAITH LEADER

This form must be used where admission is requested under over-subscription criteria 13 – 18; failure to do so will result in your application being considered under criterion 19.

Name of Christian Minister or Faith Leader:.....

Name of place of worship:

Please state Christian denomination or name of other faith:

Name of child: Date of birth:

Address of child:

Does the child attend your place of worship? (Please state yes or no)

If yes, please state frequency of attendance: (e.g. weekly, monthly or annually)

Please detail the commitment of the child and their family to the life of your worshipping community:

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Why is it important to the family that their child should attend St Alban’s RC High School?

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Please detail any further relevant observations on a separate sheet. Thank you for your assistance.

Signed:	Capacity: Priest, Vicar, Minister, Secretary <i>(Please circle as applicable)</i>
Print:	Date:
Phone No.:	Email: