Mark Cross Church of England (Aided) Primary School



Let your light shine

Mark Cross, (Crowborough), East Sussex TN6 3PJ Telephone: 01892 852866

E-mail: <u>markcrossoffice@thewealdfederation.org</u>

Acting Executive Headteachers: Mrs Joanna Challis & Miss Jo Warren

CLERGY REFERENCE FORM 2024

Application f	for place for:
D.O.B.:	under Criterion No.:
	plying for a place under criterion 4 or 5, please ask your Priest/Minister to complete the section below his form to us at school.
	MUST BE RETURNED TO SCHOOL NO LATER THAN 15 th January 2024 IN ORDER FOR YOUR N TO BE CONSIDERED UNDER CRITERION 4 or 5.
4 and 5 (deta	rk Cross CE Primary School are allocated in accordance with our published admissions criteria. Criterion ailed below) requires a reference from the priest or minister of the Church attended by the applicant, o the Governing Body that the criteria specified has been satisfied.
4.	Children of parents living <u>outside</u> the geographical Parish of St Mark's who are regular worshippers (see note **) in the joint Benefice Churches of St Mark's, Mark Cross and St Denys' Rotherfield.
5.	Children of parents living <u>outside</u> the geographical Parish of St Mark's who are regular worshippers (see note**i) of another Christian church*
* A church th	nat is a member of 'Churches Together in Britain and Ireland', CBTI.
months at th NB: In the ev worship and arrangement	Forshipper - Regular being those present for Sunday Services at least twice a month for a minimum of 18 are time of application, to be confirmed in writing by the Church Minister. Went that during the period specified for attendance at worship the church has been closed for public has not provided alternative premises for that worship, the requirements of these admissions attendance will only apply to the period when the church or alternative premises have alle for public worship.
only one par	erence to parents includes legal guardians and applies to either or both parents, or a sole parent. Where ent/guardian satisfies a criterion, the application will be treated equally with one where the is met by two parents.
I confirm tha	t
regularly at	(Place of worship)

Address of place of worship:	
The applicant(s) joined the above place of worship (insert date)	
Signed: (Minister) Date:	
Please print name:	
Signed:(Parent(s)	
Date:	
Please print name(s):	
If you would like to provide more information, please do so here:	