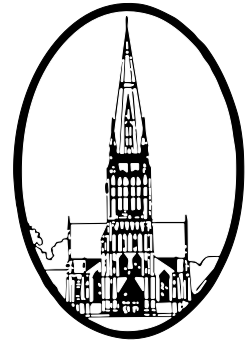


**St. Mary's C. of E. Primary School**  
Barn Street, Stoke Newington,  
LONDON N16 0JT  
Phone: 020 8800 2645 Fax: 020 8802 1687  
E-mail: [admin-office@st-marys.hackney.sch.uk](mailto:admin-office@st-marys.hackney.sch.uk)

Headteacher: Jane O'Brien



*"St Mary's.... feeding the mind, body and spirit  
so we can be the best we can be."*

Please complete and sign part 1 below then hand it to your Parish Priest/Minister at the church at which you normally worship, they will add their reference in Part 2. The form **must** then be returned to the school as soon as possible.

**PART 1 (To be completed by all parents or carers)**

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_ Boy  Girl

Date and place of Baptism (if applicable): \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' religions/denominations: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_ (Mother/Father/Carer)

Usual place of worship \_\_\_\_\_

How long have you worshipped there? \_\_\_\_\_ Years. If you have recently moved to the parish please give details of your previous parish \_\_\_\_\_

**How often do you attend?**

PARENT/CARER  every week

most weeks (3 out of 4)

some weeks (2 out of 4)

occasionally (1 out of 4)

seldom

CHILD  every week

most weeks (3 out of 4)

some weeks (2 out of 4)

occasionally (1 out of 4)

seldom

**PART 2 (To be completed only by ministers/priest.)**

<b>PARENT/CARER</b> <input type="checkbox"/> every week	<b>CHILD</b> <input type="checkbox"/> every week
<input type="checkbox"/> most weeks (3 out of 4)	<input type="checkbox"/> most weeks (3 out of 4)
<input type="checkbox"/> some weeks (2 out of 4)	<input type="checkbox"/> some weeks (2 out of 4)
<input type="checkbox"/> occasionally (1 out of 4)	<input type="checkbox"/> occasionally (1 out of 4)
<input type="checkbox"/> seldom	<input type="checkbox"/> seldom

I confirm that this family are members of our faith community       The family is not known to me

Name of minister: \_\_\_\_\_ Denomination/faith: \_\_\_\_\_

Parish or faith community: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parish stamp/seal*

***Forms will not be accepted without Parish stamp/seal***