

REQUEST FOR SUPPORTING REFERENCE

IN SHEFFIELD FOR SEPTEMBER 2017

Please fill in the section below and request that the person you have approached to support your application fills in the information overleaf.

Name of child for whom reference is required:.....
Date of Birth:.....Current School attended:.....
Address
.....
I am applying for a place at All Saints/Notre Dame* Catholic High School (<i>delete as appropriate</i>)
Name of parent/carer:.....

Dear Referee,

We should be obliged if you would write a reference for the above named applicant. The information you provide on this form is extremely important.

Our schools are over-subscribed and accordingly we have to apply certain criteria for the admission of pupils to Year 7. These criteria are published in the Composite Prospectus available to all parents of Y6 pupils.

In classifying children in Category Five the emphasis is upon the parents to obtain the written support of a responsible, independent member of the community who can confirm their wish to have their child educated in a Christian environment. Please provide as much relevant information as possible.

We have prepared this form in response to enquiries we have received in the past as to the criteria for admission to our schools. Please feel free to include any other matter which you consider appropriate.

The clarity of any reference is very important as the Governors use this to support the categorisation of the applications. Finally, may we express our sincere thanks to you for taking the time to assist us in this way.

Confidentiality: Please Note:

The reference may be made available to parents and the Independent Appeal Panel and used to assist in deciding whether a place can be offered.

Reference for

Your details

Name

Occupation

Address

.....

.....

Post Code

Telephone No

Email

1. How long have you known this child?

2. Why are the parents/carers requesting a place at All Saints or Notre Dame Catholic High School?

3. Please give any other information which you think could be relevant.

Signed: **Date:**

Please return this form to the parents/carers who are required to submit it to the Catholic High School directly or via their primary school by 31 October 2016. Should you wish for clarification do not hesitate to contact the school on 0114 2724851 (All Saints), 0114 2302536 (Notre Dame) or the Hallam Diocesan Schools Department 0114 2566440.

Thank you for your assistance.