

**COLOMA CONVENT GIRLS' SCHOOL
UPPER SHIRLEY ROAD, CROYDON, CR9 5AS**

REQUEST FOR INFORMATION FROM PRIEST- ADMISSIONS

Candidate's Name:

Applicant(s) Name and Address:

A. I am satisfied that the Candidate is a baptised Roman Catholic or a baptised member of a Church that is in full communion with Rome.

Yes No

B. APPLICANT

Is the Applicant known to you? Yes No

Attendance at Mass weekly

Attendance at Mass two or three times per month

Attendance at Mass monthly

Attendance at Mass less than monthly

How long has the Applicant attended your church?

C. CANDIDATE

Is the Candidate known to you? Yes No

Attendance at Mass weekly

Attendance at Mass two or three times per month

Attendance at Mass monthly

Attendance at Mass less than monthly

How long has the Candidate attended your church?

Please comment, if appropriate, **only** to clarify the Mass attendance above:

Priest's Name:

Parish (or ethnic chaplaincy):

Priest's signature: **Date:**

This form, completed by the priest, should be returned by the Applicant to Coloma together with the Supplementary Information Form.