

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

REQUEST FOR INFORMATION FROM PRIEST- ADMISSIONS 2020/21

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.