


# Minister or Faith Leader's Declaration of Support of Application to Bishop Douglass School

To be completed only if not Catholic under Criteria 4 and 5

<b>This section is to be completed in BLOCK CAPITALS by a parent or guardian</b>	
NAME OF CHILD :	
ADDRESS:	
Signature of Parent/Guardian:	Date:
<b>THIS SECTION TO BE COMPLETED BY THE MINISTER OR FAITH LEADER</b>	
The child is a member of _____ (faith organisation)	
The Parents of this child wish me to support this application for the school.	
Signed: _____	
of _____	
Please provide Faith Organisation stamp :	
<b><u>Please print :</u></b>	
Name of signatory	
Faith organisation	
Address	
Contact no	

This form should be returned to :  
The Admissions Secretary, Bishop Douglass School, Hamilton Road, London N2 OSQ

**by 31 OCTOBER 2019**