

**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>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Name of signatory	
Faith organisation	Faith Organisation stamp
Address	
Contact no	

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

**by 31 OCTOBER 2018**