

SUPPLEMENTARY INFORMATION FORM : 2019 ADMISSIONS

Admission to St. Catherine's Catholic Primary School

**Please complete in BLOCK CAPITALS and return to School by
4 pm on 15 January 2019**

SURNAME OF CHILD	_____
FORENAME(S)	_____
DATE OF BIRTH	_____

ADDRESS OF CHILD	_____
	_____ POSTCODE _____
YOUR TELEPHONE NUMBER	_____

IS YOUR CHILD		
BAPTISED ROMAN CATHOLIC	<input type="checkbox"/>	NON CATHOLIC <input type="checkbox"/>

FOR BAPTISED ROMAN CATHOLICS			
MONTH OF BAPTISM	_____	YEAR	_____
PARISH	_____		
PARISH LOCATION (TOWN/CITY)	_____		

You are asked to enclose a copy of the baptismal certificate with this form. If this is not possible explain below

SIGNED	_____	NAME (please print)	_____
RELATIONSHIP	_____	DATE	_____