

**SUPPLEMENTARY INFORMATION FORM: 2024 ADMISSIONS**

**Admission to St Joseph's Catholic High School**

Please complete in BLOCK CAPITALS and return to School by 4pm on Friday 3<sup>rd</sup> November.

SURNAME OF CHILD: \_\_\_\_\_  
FORENAME(S): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

ADDRESS OF CHILD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_  
YOUR TELEPHONE NO: \_\_\_\_\_

IS YOUR CHILD  
BAPTISED ROMAN CATHOLIC  NON CATHOLIC

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: \_\_\_\_\_