

# Holy Family Catholic Primary School, New Springs

## School Supplementary Form

Thank you for registering an interest in a place for your child at our school. Please complete and return this form to the school office.

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

ADDRESS OF CHILD	_____
	_____ POSTCODE _____
YOUR TELEPHONE NUMBER	_____
YOUR EMAIL ADDRESS	_____

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 or evidence of formal reception into the Roman Catholic Church. If this is not possible explain below

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