

SUPPLEMENTARY FORM FOR ENTRY TO SCHOOL

ST COLUMBA'S CATHOLIC PRIMARY SCHOOL

Please fill in and return this form to school

CHILD'S SURNAME		FIRST NAME/S	
SEX		MALE:	FEMALE:
Names of Parents/Guardians:		Relationship to child:	
Date of birth	Religion	Date of Baptism	Place of Baptism (Please attach a copy of your child's baptism certificate, unless school has a copy already.)
Permanent Address: Post Code: Daytime Telephone Number:		Brother/Sister currently at the school:	

Baptised Catholic children

Parish in which you live _____

Address of Church _____

Name of your Priest _____

Non-Catholic Children

Are you a member of a religious community? Yes: No:

Place of worship (Including address) _____

Name of religious minister _____

Signed Parent/Guardian Date