**ST MATTHEW’S CATHOLIC PRIMARY SCHOOL**

SUPPLEMENTARY FORM FOR ENTRY TO SCHOOL 2016 – 2017

**Please fill in and return this form to school BEFORE 15 January 2016**

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| CHILD’S SURNAME | FIRST NAME/S |
| GENDER | MALE ⁯ FEMALE ⁯ |
| NAMES OF PARENTS/GUARDIANS  | RELATIONSHIP TO CHILD |
| Date of Birth – We require a copy of the child’s Birth Certificate as proof of Date of Birth. |
| Religion | Date of Baptism | Place of Baptism (if Catholic please attach a copy of your child’s baptismal certificate) |
| Permanent Address:Post Code:Daytime Telephone No: | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of religious minister \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***We require proof of address when you return this form.*****\*Rates Bill - issued within the last 12 months and in the name of the person named above.****\*Utility Bill/Telephone Bill/Bank Statement/Credit Card Bill – issued within the last**  **3 months and in the name of the person named above.** |

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| SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |