**ST MATTHEW’S CATHOLIC PRIMARY SCHOOL**

**SUPPLEMENTARY FORM FOR ENTRY TO SCHOOL 2019– 2020**

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| CHILD’S SURNAME | | FIRST NAME/S | | | |
| SEX | | MALE ⁯ FEMALE ⁯ | | | |
| NAMES OF PARENTS/GUARDIANS | | RELATIONSHIP TO CHILD | | | |
| Date of Birth (We require a copy of your child’s Birth Certificate) | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |