

# ST MATTHEW'S CATHOLIC PRIMARY SCHOOL

## SUPPLEMENTARY FORM FOR ENTRY TO SCHOOL 2023– 2024

CHILD'S SURNAME		FIRST NAME/S	
SEX		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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	
<b><u>Baptised Catholic Children</u></b>			
Parish in which you live _____			
Address of Church _____			
Name of your Priest _____			
<b><u>Non-Catholic Children</u></b>			
Are you a member of a religious community?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Place of worship (including address) _____			
Name of religious minister _____			
Signature of religious minister _____			

**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.**

SIGNED \_\_\_\_\_ PARENT/GUARDIAN

DATE \_\_\_\_\_