

ST MATTHEW'S CATHOLIC PRIMARY SCHOOL

SUPPLEMENTARY FORM FOR ENTRY TO SCHOOL 2024– 2025

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	
<u>Baptised Catholic Children</u> Parish in which you live _____ Address of Church _____ Name of your Priest _____ <u>Non-Catholic Children</u> 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 _____

