

Holy Family Catholic Primary School, New Springs

School Supplementary Form

Thank you for registering an interest in a place for your child at our school. Please complete and return this form to the school office.

SURNAME OF CHILD \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

ADDRESS OF CHILD \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
YOUR TELEPHONE NUMBER \_\_\_\_\_

IS YOUR CHILD  
BAPTISED ROMAN CATHOLIC  NON CATHOLIC

FOR BAPTISED ROMAN CATHOLICS  
MONTH OF BAPTISM \_\_\_\_\_ YEAR \_\_\_\_\_  
PARISH \_\_\_\_\_  
PARISH LOCATION (TOWN/CITY) \_\_\_\_\_

You are asked to enclose a copy of the baptismal certificate with this form or evidence of formal reception into the Roman Catholic Church. If this is not possible explain below

SIGNED \_\_\_\_\_ NAME (please print) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_