

Holy Cross Catholic School In-Year Supplementary Information Form

Name of Child known as Male/Female

Family Name Date of Birth / /

Parents'/Carers' Details (please print)

Mr/Mrs/Ms/Miss

Contact Number Relationship

Mr/Mrs/Ms/Miss

Contact Number Relationship

Home Address of Child

..... Postcode.....

Email address.....

Religion of Child Date of Baptism / /

Names of any siblings on roll at Holy Cross School:

Signed Parent/Carer with parental responsibility _____ Date / /

Please add below any information about your child that you think maybe useful for us to know:

Please return this form together with your child's Baptismal Certificate, Birth Certificate and Proof of Address. Please remember to get the form overleaf completed.

To be completed by the Priest of the Parish in which you regularly worship.

Family Name: _____ **Child's name:** _____

This family is known to me (please tick) This family is new to the Parish (please tick)

I am satisfied that the child is a baptised Catholic or a baptised member of a Church that is in full communion with Rome. YES NO

I can confirm the family has been practising regularly for a minimum of 3 years. YES NO

If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.

<u>Parent/Carer</u>	<u>Child</u>
Are the parents known to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the child known to you? YES <input type="checkbox"/> NO <input type="checkbox"/>
Weekly attendance at Mass <input type="checkbox"/>	Weekly attendance at Mass <input type="checkbox"/>
Three times each month <input type="checkbox"/>	Three times each month <input type="checkbox"/>
Twice each month <input type="checkbox"/>	Twice each month <input type="checkbox"/>
Once each month <input type="checkbox"/>	Once each month <input type="checkbox"/>
Less than once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>
I cannot confirm they attend Mass <input type="checkbox"/>	I cannot confirm they attend Mass <input type="checkbox"/>

Signed Priest's Name

Date Tel No

Please add the Parish seal or stamp

If you are not a Catholic, please ask a Minister of Religion to complete the section below:

Family Name: _____ **Child's name:** _____

This family is known to me (please tick) This family are members of our faith community (please tick)

Name: _____ Position; _____

Name and address of church: _____
