

Holy Cross Catholic School In-Year Application 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

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)

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

They attend mass: Every week

Three times each month

Twice each month

Once each month

Less than once a month

I cannot confirm they attend Mass

Signed 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: _____

Signature: _____

Date; _____