

**St. Josephs' Catholic Primary School, Christchurch**

**SUPPLEMENTARY INFORMATION FORM FOR APPLICATION TO THE SCHOOL**

1. CHILD'S NAME: Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_

4. RELIGIOUS DENOMINATION OF CHILD: \_\_\_\_\_

5. a. HAS CHILD BEEN BAPTISED OR CHRISTENED?: YES NO

b. DATE OF BAPTISM/CHRISTENING: \_\_\_\_\_

c. PLACE OF BAPTISM/CHRISTENING: \_\_\_\_\_

6. FOR CHILDREN WHO ARE 'FELLOW CHRISTIANS' (IE. MEMBERS OF 'CHURCHES TOGETHER IN ENGLAND' or "THE EVANGELICAL ALLIANCE") AND WHO HAVE NOT BEEN BAPTISED/CHRISTENED

Please obtain a signature (below) from the relevant minister/leader:

'I confirm that \_\_\_\_\_ (child's name) has been dedicated\*/welcomed\* \* [delete as appropriate] into the church community of: \_\_\_\_\_ (name of church)'.

Signed: \_\_\_\_\_ Name \_\_\_\_\_

Position: \_\_\_\_\_ Contact No \_\_\_\_\_

7. ANSWER Q7 ONLY IF CHILD IS UNBAPTISED AND ONE OR BOTH PARENTS ARE BAPTISED CATHOLIC(S): (See Schools Admission Policy)

Which parent is baptised Catholic? MOTHER FATHER

**NB:** For Parents in this category, proof of the parent's baptism will be requested to be shown with this application.

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**ALL APPLICANTS PLEASE SIGN AND DATE THIS FORM**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note a Baptism/Christening Certificate must be provided where applicable.

**FOR SCHOOL USE ONLY**

**Child's Baptism/Christening Certificate seen: Yes/No**

**Signature of Parent/Carer:**

Witness: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**For Catholic Parents(s) of un-baptised child:**

Details of parent/s baptism seen: Yes/No

Witness: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_