SEPTEMBER 2023 ADMISSIONS SUPPLEMENTARY INFORMATION FORM ADMISSION TO HOLY CROSS CATHOLIC HIGH SCHOOL

A copy of this form should be completed by the parent/guardian and RETURNED TO HOLY CROSS CATHOLIC HIGH SCHOOL BY 4.00PM ON 31 OCTOBER 2022

SURNAME OF CHILD:	
FORENAME(S):	
DATE OF BIRTH:	
ADDRESS OF CHILD:	
	POSTCODE:
YOUR TELEPHONE NUMBER:	YOUR E-MAIL:
CURRENT PRIMARY SCHOOL:	IS YOUR CHILD A BAPTISED ROMAN CATHOLIC
	YES/NO*
	*PLEASE DELETE AS APPROPRIATE. (PLEASE SEE BELOW FOR REQUIRMENTS OF EVIDENCE OF BAPTISM OR FAITH)
FOR BAPTISED CATHOLICS	
MONTH OF BAPTISM:	YEAR OF BAPTISM
PARISH OF BAPTISM & LOCATION:	
PARISH IN WHICH YOU LIVE:	
served by the school (St Chad, St Gregory, S Joseph (Anderton), then the parish baptisma	Catholic High School and your child was baptised in one of the parishes St Mary, St Oswald, Sacred Heart, St Joseph, St Joseph (Withnell) and St all records will be checked by the school to confirm baptism. If your child all certificate or completion of the statement below will be required to ic.
minister/Faith Leader	C CHILDREN provided or the statement below must be completed and signed by the
Evidence of Faith Group Membership	
a) If applying for a Roman Catholic so	chool and you want to be considered under its relevant criterion as an christian, please state your Christian denomination:
Proof of Baptism <u>or</u> completion of to show that your child is a member	the statement below by an appropriate Minister of Religion is requireder of a faith community.
b) If you belong to a faith other	than the Christian faith, please state to which faith you belong:
An appropriate faith leader would your child is a member of their fait	I need to confirm in writing by completing the statement below that the group.
Minister of Religion/Faith Leader: Confirma	ation of Faith Community Membership
Minister/Leader (print name):	
Name of Establishment:	Position Held:
Contact details telephone/email:	
Minister/Leader Signature:	Date:
SIGNED:	NAME:
RELATIONSHIP:	DATE: