## SEPTEMBER 2024 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 2023

HOLY CROSS CATHO	IC HIGH SCHOOL BY 4.00PM ON 31 OCTOBER 2023
SURNAME OF CHILD:	
FORENAME(S):	
DATE OF BIRTH:	
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	
	YEAR OF BAPTISM
PARISH OF BAPTISM & LOCATION:	
PARISH IN WHICH YOU LIVE: Evidence of Baptism required for Roman Catholic children	
If you are applying for a place at Holy Cross Catholic High School and your child was baptised in one of the parishes served by the school (St Chad, St Gregory, St Mary, St Oswald, Sacred Heart, St Joseph, St Joseph (Withnell) and St Joseph (Anderton), then the parish baptismal records will be checked by the school to confirm baptism. <u>If your child</u> was baptised in another parish, a baptismal certificate or completion of the statement below will be required to confirm they are a baptised Roman Catholic.	
<b>EVIDENCE OF BAPTISM FOR NON CATHOLIC CHILDREN</b> A copy of the baptism certificate must be provided <b>or</b> the statement below must be completed and signed by the minister/Faith Leader.	
Evidence of Faith Group Membership a) If applying for a Roman Catholic school and you want to be considered under its relevant criterion as an other than Roman Catholic Christian, please state your Christian denomination:	
Proof of Baptism <b>or</b> completion of the statement below by an appropriate Minister of Religion is required to show that your child is a member 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 wou your child is a member of their fa	Id need to confirm in writing by completing the statement below that aith group.
Minister of Religion/Faith Leader: Confirm	nation of Faith Community Membership
Minister/Leader (print name):	
Name of Establishment:	Position Held:
Contact details telephone/email:	
Minister/Leader Signature:	Date:
SIGNED:	NAME:

DATE: \_\_\_

**RELATIONSHIP:**