



Official Use:	Date received:	
	Form Number:	
	Criteria:	

September 2021-2022 SUPPLEMENTARY INFORMATION FORM

A copy of this form should be completed by the parent/guardian and RETURNED TO:
ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL **BY 31 OCTOBER 2020**

SURNAME OF CHILD		
FORENAME (S)		
DATE OF BIRTH		
ADDRESS OF CHILD		Postcode:
YOUR TELEPHONE No(s):		

Name of Brother(s) and/ Sister(s) currently attending St Edmund Arrowsmith CHS:-	
	Form:

IS YOUR CHILD:			
BAPTISED CATHOLIC	<input type="checkbox"/>	NON-CATHOLIC <i>*If your child is not a baptised Catholic, please state to which denomination or faith, if any your child belongs (see Note 2)</i>	<input type="checkbox"/>
HAS YOUR CHILD MADE THEIR FIRST HOLY COMMUNION?:			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

FOR BAPTISED CATHOLICS			
MONTH OF BAPTISM:		YEAR OF BAPTISM:	
PARISH OF BAPTISM & LOCATION:			
PARISH WHERE YOU LIVE:			
PRIMARY SCHOOL YOUR CHILD CURRENTLY ATTENDS			

NOTES:

- Evidence of Baptism – Catholic**
Proof of baptism in the form of a Baptism Certificate is required. If you do not have a Baptism Certificate, your Parish Priest will be required to confirm your child is a baptised Catholic by completing and signing the section below.
- Evidence of Faith Group membership**
 - If your child is to be considered under the relevant criterion as other than Catholic Christian, please state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate or confirmation in writing by completing the statement below to show that your child is a member of a faith community by an appropriate Minister of Religion is required.
 - If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader would need to confirm in writing by completing the statement below that your child is a member of their faith group.

Minister of Religion/Faith Leader

Minister/Leader (Print name): _____ Position Held: _____

Address: _____ Postcode: _____

Signed: _____ Date: _____

Parent/Carer Signature:

Signed

Relationship to
Child

_____ Name _____

_____ Date _____