

Official Use:	Date received:	
	Form Number:	
	Criteria:	

## September 2021-2022 Admissions

## SUPPLEMENTARY INFORMATION FORM ADMISSION TO ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL

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 NUMBER	
Name and Form of Brother(s) an	nd/ Sister(s) currently attending St Edmund Arrowsmith CHS:-
IS YOUR CHILD: BAPTISED CATHOLIC	NON-CATHOLIC
HAS YOUR CHILD MADE THEIR	FIRST HOLY COMMUNION?:
YES	NO
FOR BAPTISED CATHOLICS	
MONTH OF BAPTISM:	YEAR OF BAPTISM:
PARISH OF BAPTISM & LOCAT	ION:
PARISH WHERE YOU LIVE:	
PRIMARY SCHOOL YOUR CHIL	D CURRENTLY ATTENDS
currently attends the associated so	v school and your child was baptised in one of the parishes and chool (St Oswald's, St Wilfrid's, Our Lady's, English Martyrs', Sacred s, St Aidan's and Holy Family Platt Bridge) then the parish baptismal to confirm baptism.
	ther parish a baptismal certificate will be required to confirm ease attach at time of application.
Signed	Name
Relationship to	Date