**SUPPLEMENTARY INFORMATION FORM: Academic Year: 2022 – 2023**

**A copy of this form should be completed by the parent/guardian and RETURNED TO:**

**ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL BY 31OCTOBER 2021**

|  |  |
| --- | --- |
| **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** |  |  **NON-CATHOLIC** *\*If your child is not a baptised Catholic,**please state to which denomination or faith, if any your child*  |  |
| *belongs* ***(see Note 2)*****HAS YOUR CHILD MADE THEIR FIRST HOLY COMMUNION?:** |
|  **YES** |  |  **NO** |  |

 **FOR BAPTISED CATHOLICS**

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTH OF BAPTISM:** |  | **YEAR OF BAPTISM:** |  |
| **PARISH OF BAPTISM & LOCATION:** |  |
| **PARISH WHERE YOU LIVE:** |  |
| **PRIMARY SCHOOL YOUR CHILD CURRENTLY ATTENDS** |  |

**NOTES:**

**1. 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.

**2. Evidence of Faith Group membership**

**a)** 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.

**b)** 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.

\* I belong to the following Faith**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Minister of Religion/Faith Leader Confirmation Statement:**

Minister/Leader (Print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Carer Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Name |  |
| Relationship to Child |  | Date |  |