



Official Use:	Date received:	
	Form Number:	
	Criteria:	

SUPPLEMENTARY INFORMATION FORM: Academic Year: 2023 – 2024

A copy of this form should be completed by the parent/guardian and RETURNED TO:
ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL **BY 31 OCTOBER 2022**

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.

* 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

Relationship to Child _____ Name _____

Child _____ Date _____