SEPTEMBER 2020 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 2019

SURNAME OF CHILD:	
FORENAME(S):	
DATE OF BIRTH:	
ADDRESS OF CHILD:	
	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	
MONTH OF BAPTISM:	YEAR OF BAPTISM
PARISH OF BAPTISM & LOCATION:	
PARISH IN WHICH YOU LIVE:	
served by the school (St Chad, St Gregory, Joseph (Anderton), then the parish baptism	s Catholic High School and your child was baptised in one of the parishes St Mary, St Oswald, Sacred Heart, St Joseph, St Joseph (Withnell) and St al records will be checked by the school to confirm baptism. <i>If your child to certificate or completion of the statement below will be required to</i>
EVIDENCE OF BAPTISM FOR NON CATHOLIC A copy of the baptism certificate must be minister/Faith Leader.	CCHILDREN provided or the statement below must be completed and signed by the
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