

I Use:	Date received:	
	Form Number:	
Official	Criteria:	

## **SUPPLEMENTARY INFORMATION FORM: Academic Year: 2024 – 2025**

A copy of this form should be completed by the parent/guardian and RETURNED TO: ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL BY 31 OCTOBER 2023

SURNAME OF CHILD					
FORENAME (S)					
DATE OF BIRTH					
ADDRESS OF CHILD				Postcode:	
YOUR TELEPHONE No(s):				<u> </u>	
Name of Brother(s) and/ Sister	(s) currently attende	ding St Edmund			
			Forn	n:	
IS YOUR CHILD:			<u> </u>		
BAPTISED CATHOLIC	please s			t a baptised Catholic, or faith, if any your child	
HAS YOUR CHILD MADE THEI	R FIRST HOLY CO	MMUNION?:			
YES			NO		
FOR BAPTISED CATHOLICS					
MONTH OF BAPTISM:		YEAR OF BAF			
PARISH OF BAPTISM & LOCA	ΓΙΟΝ:				
PARISH WHERE YOU LIVE:					
PRIMARY SCHOOL YOUR CHI	D CURRENTLY A	TTENDS			
NOTES:  Evidence of Baptism – Catholic Proof of baptism in the form of a Priest will be required to confirm y  Evidence of Faith Group member of the second denomination. Proof of Baptism is below to show that your child is a lifyou belong to a faith other than the need to confirm in writing by composition.  * I belong to the following Faith:  Minister of Religion/Faith Leader Minister/Leader (Print name):	cur child is a baptised ership under the relevant critical the form of a Baptism member of a faith come Christian faith, pleadeting the statement but a Confirmation State	iterion as other that mal Certificate or community by an approase state to which facelow that your child ement:	eting and sign on Catholic of confirmation opriate Minis ith you belo	Christian, please state your Christian, please state your Christian by completing the state ster of Religion is required.  ng*. An appropriate faith leader	ristia eme
Address:			Postcode		
Signed:			Date:		
Parent/Carer Signature: Signed		Nome			
Relationship to		Name			
Child		Date			