## St. Benedict's Catholic Primary School



## SUPPLEMENTARY FAITH FORM

		SOFFELMENTARTTARTITION
This f	orm s	should be completed by the parent/guardian and RETURNED TO THE SCHOOL.
Name	of chil	ld:
Date of	Birth	:: 
Addres	s of c	child: (Proof required)
Name (	of Par	rent/Guardian
Teleph	one N	Number
1.	Is the	e child a baptised Catholic? Yes No
2.	If ye	s, please state parish of baptism and date
3.	In wl	hich parish do you now live?
4.	If your child is not a baptised Catholic, please state to which denomination or faith, if any, your chibelongs (see Note 2)	
Notes 1.	Proo your	dence of Baptism – Catholic  of of baptism in the form of a Baptism Certificate is required. If you do not have a Baptism Certificate  Parish Priest will be required to confirm your child is a baptised Catholic by completing and signin section below.
2.	a)	dence of Faith Group membership  If your child is to be considered under the relevant criterion as other than Catholic Christian, pleas state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate confirmation in writing by completing the statement below to show that your child is a member of 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. A appropriate faith leader would need to confirm in writing by completing the statement below that you child is a member of their faith group.
	Minister of Religion/Faith Leader	
	Minis	ster/Leader (Print name):
	Addr	ress:
	Posi	ition held:
	Sign	ned and dated: