



# ADMISSION TO ST. CATHERINE CATHOLIC SCHOOL

Name:  Date of Birth  Boy / Girl

**Does your child already have a brother or sister at the school above? If yes, write their details below:**  
**Name/s:** ..... **Year/s:** .....

Name of parent(s) or legal guardian(s)	Mr / Mrs Miss / Ms	
Address of parent(s) Or legal guardian(s)	Postcode	
Telephone number:	Home:	
	Mobile:	
Email address:		

If you think that your child or a member of your immediate family has a medical, psychological, social or philosophical condition/reason that necessitates your child attending this school please attach a separate sheet, giving details and/or supporting paperwork, to this form.

Place of Baptism of child: **(Baptism Certificate to be enclosed):** .....

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

**Once completed return this form to St. Catherine Catholic Primary & Nursery School**

- Please enclose the following documentation:**  
**Baptism Certificate (if you have one)**  
**Certificate of Practice / or letter from minister (if practicing)**  
**Proof of Address (e.g. Recent Utility Bill)**  
**Birth Certificate**
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