



ADMISSION TO ST. CATHERINE CATHOLIC SCHOOL

Please indicate

Name:

Date of Birth

Boy / Girl

Present Address

Proposed Address (if applicable).....

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)
if different from pupil:

Postcode:

Telephone number:
(if available)

Home:
Mobile:

During business hours:

E-mail 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: _____
Parent/Guardian

Date: _____

Once completed return this form to St. Catherine Catholic School

For Office Use Only

AUTHORISATION BY THE GOVERNING BODY

This child's Baptism has been verified

This child may be admitted into St Catherine's when a place becomes available.

Chairperson of Admissions:

NOTIFICATION TO PARENTS

A place has been offered to Parents/Guardians (Date)

Date started:

Date due into Mainstream:.....