

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS, INCLUDING THE EMAIL ADDRESS

PLEASE LIST THE SACRAMENTS THE STUDENT HAS RECEIVED

	YEAR	PARISH
BAPTISM *		
Please provide a Copy of Student's Baptism Certificate. If you have already done so, see note on Page 1		
RECONCILIATION *		
FIRST COMMUNION *		
CONFIRMATION *		

PLEASE LIST OTHER CHILDREN IN THE FAMILY

	CHILD'S NAME	CHILD'S DATE OF BIRTH
SIBLING 1 *		
SIBLING 2 *		
SIBLING 3 *		
SIBLING 4 *		

PLEASE LIST ANY PHYSICAL, EDUCATIONAL OR MEDICAL PROBLEMS WE NEED TO BE AWARE OF *

I/We _____ parent / guardian of _____

In the event that I/We are uncontactable, I / We authorise my / our child to receive emergency medical or dental attention should it be required. I /We have read and understood the Duty of Care Statement. I/We also consent to our child being photographed.

PARENT'S SIGNATURE *

DATE *

For Office Use Only

FEE RECEIVED

\$

PREP FEES 1 Child \$40, Two or more Children \$75

2018

COPY OF BAPTISM CERTIFICATE FILED