

**SUPPLEMENTARY ADMISSION FORM TO
ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL, CRAYFORD
FOR THE YEAR 2008/2009**

PART A. To be completed in full using BLOCK CAPITALS by Parent/Guardian.

Child's Surname..... Christian Names.....

Preferred Name

Child's position in family (1, 2, 3 etc.)..... Male Female

Date of birth...../...../..... Place of Birth.....

Address.....

Post Code..... Tel. No..... Date...../...../.....

Full Names of Parents/Guardians

.....

Name of Parish Priest..... Parish.....

Date and place of Child's Baptism...../...../.....

1. Does the child have a brother or sister in this school? YES/NO
In what year?.....

Parents/Guardians of children admitted to St. Joseph's will be required to support and respect the religious aims and practice of this Catholic School.

Signature of Parent/Guardian..... Date...../...../.....

Please make an appointment to see the parish priest.

PART B. To be completed by the Parish Priest or a Priest who knows the family/child well.

1. The parents are known to me YES/NO

2. The child is known to me YES/NO

3. The child is a member of a practising Catholic family YES/NO

Signature of Parish Priest..... Date...../...../.....

Name of Parish.....

This form may be used in the event of an appeal. Parish Stamp:

Office use only:

Birth Certificate Seen

Baptismal Certificate Date

Address Checked

Baptismal Place

Accepted