

THIS PART IS TO BE KEPT BY THE PRIEST: NOT TO BE SENT TO THE SCHOOL

PART A: YOUR SELF-ASSESSMENT (CONFIDENTIAL TO THE PRIEST)

IMPORTANT: READ THE GUIDANCE NOTES BEFORE FILLING IN THIS FORM

Information about your Family

		Father of Child	Mother of Child
1	Name:		
2	Address: <i>(give both addresses if different)</i>		
	Telephone:		
3	Parish of Residence : <i>(give both parishes if different)</i>		
4	Are you a Catholic?	Yes/No	Yes/No
5	At which church do you normally worship?		
6	How often do you normally worship at Mass?	weekly / fortnightly / monthly / other:	weekly / fortnightly / monthly / other:
7	For how long has this been your practice?	_____ years / months	_____ years / months
8	If you do not worship at Mass regularly, or you have only recently started to do so, please give any reasons below. Please also give any other details which you think may be relevant or useful.		

Continued Overleaf...

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Information about your Child

9	Child's Name:
10	Child's Date of Birth:
11	Child's Normal Address: <i>(if different from Q.2)</i>
12	My/our child was baptised : on _____(date) at _____(place)
13	(If appropriate) my/our child received First Holy Communion : on _____(date) at _____(place)
14	(If appropriate) my/our child was prepared for the Sacrament of Reconciliation (First Confession) in _____(month(s)/year) at _____(place)
15	If you or your child participate in or contribute to parish activities, please indicate below.
16	Why do you wish your child to attend a Catholic school?

Parents' Declaration

I/we declare that the information given on this Form is true. I/we understand and accept that the information given on this sheet remains confidential and will not be shared with the school, or used in any way except for purposes connected with my/our pastoral care within the Catholic Church.

Signature of Mother _____ Date _____

Signature of Father _____ Date _____

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