

FOR OFFICE USE ONLY	
Criteria	
Sibling	
Distance	
Statement	
Date Rec	

**All Hallows Catholic High School
Admission to Secondary School 2024**

Please return this form to All Hallows Catholic High School on or before 31st October 2023.

Part 1 – Information

PLEASE USE BLOCK CAPITALS

1. Name of Child: Surname Forename

2. Address of Child:
.....

3. Home/Mobile Telephone No:

Boy Girl (Please tick)

4. Date of Birth ____/____/____

5. Will your child have a sibling in All Hallows when they start school? **YES / NO**

Name of sibling/s :.....
.....

6. Parish/Area of faith community in which you live.....
(see Note 1)

7. Is child a Baptised Catholic?.....

8. Parish at which child received the sacrament of:

Baptism Date

9. If your child is not a Baptised Catholic, please state to which denomination or faith, if any, your child belongs **(see Note 2)**

10. Current Primary School

Notes

1. Evidence of Baptism – Catholic

If you are applying for a Catholic secondary school and your child was baptised in one of the parishes served by the school then the parish baptismal records will be checked by the school to confirm baptism. If your child was baptised in another parish a baptismal certificate or the completion of the statement below will normally be required to confirm your child is a baptised Catholic.

2. Evidence of Faith Group Membership

- a) If you are applying for a Catholic school and want to be considered under the relevant criterion as an other than Catholic Christian please state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate **or** confirmation in writing by completing the statement below to show that your child is a member of a faith community by an appropriate Minister of Religion is required.
- b) If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader would need to confirm in writing by completing the statement below that your child is a member of their faith group.

Minister of Religion/Faith Leader

Minister/Leader (Print Name):

Address:

Position held:

Signed and dated:

11. Signature

I/We certify that the information given on this form is correct. The school reserves the right to verify the information given on this form. Any offer of a place will be on the basis that the information is accurate.

Parent(s)/Guardian(s) Date

..... ✂

OFFICE TO USE UPON RECEIPT OF FORM IN PERSON

Child's Full Name **Date of Birth**/...../.....

Date Received

Received by (name and signature)