



IF BAPTISED IN ANOTHER PARISH
PLEASE SUPPLY A COPY OF BAPTISMAL CERTIFICATE
With this Form at 1st Lesson

To be completed by Parents or Guardians

CHILD'S FULL NAME:

Age: _____ **Date of Birth:** _____

Class: _____ **School:** _____

DATE OF BAPTISM:

Baptised at Church/Suburb/Town:

Country if Baptised outside Australia:

HOME ADDRESS:

PHONE:

MOBILE NUMBER:

FAMILY EMAIL ADDRESS:

PARENTS /GUARDIANS

Name: _____ **Surname:** _____

Name: _____ **Surname:** _____