

Religious Affiliation Form

Child's name: _____ D.o.B: ____/____/____

Perceived community background (Please circle):

Mother/Guardian: Protestant Catholic Other

Father/Guardian: Protestant Catholic Other

Child: Protestant Catholic Other

Name(s) of Parent(s)/Guardian(s): _____

Email contact: _____

Contact Telephone number: _____

The information you provide on this form will be used in the application of the school's Admissions Criteria.