

Faith guides us to inspire every student to be the best they can be.

ADDITIONAL INFORMATION TO SUPPORT APPLICATION FOR ENTRY FOR SCHOOL YEAR

| Starting: September 2026 |
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| SURNAME: |
| STUDENT'S CHRISTIAN NAMES: |
| STUDENT'S DATE OF BIRTH: |
| ADDRESS: |
| |
| HOME TELEPHONE NUMBER: |
| WORK TELEPHONE NUMBER(S): |
| (FATHER) (MOTHER) |
| RELIGION: It is very important to provide the following information as it could have |
| significant impact on your application |
| If your child is Roman Catholic please: |
| □ Supply a copy or original baptismal certificate/proof of baptism |
| □ state in which Parish you live |
| |

| If your child is not a baptised Roman Catholic please state here your reasons for choosing this Catholic school for his / her education and provide a letter of support from your local minister or copy of baptismal certificate. |
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| NAMES OF ANY PROTUED COLORED PROFILE VATEURING CAINTS RETER AND |
| NAMES OF ANY BROTHERS/SISTERS PRESENTLY ATTENDING SAINTS PETER AND PAUL CATHOLIC HIGH SCHOOL |
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| WE/I recognise and support the spiritual, academic and pastoral aims of the school as outlined in the school prospectus. |
| SIGNEDParent/Guardian |
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COMPLETION OF THIS FORM DOES NOT CONFIRM A PLACE AT SAINTS PETER AND PAUL CATHOLIC COLLEGE

PLEASE COMPLETE AND RETURN BY 31 OCTOBER 2025