**Application Form**

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| **Name** |  |
| **Date of Birth** |  |
| **Place/Date of Baptism** |  |
| **Address** |  |
| **Contact Phone Number** |  |
| **Email contact** |  |
| **School** |  |
| Please ensure that this form is signed by a parent or guardian:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agree that our Son/Daughter  \_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to take part in the preparation programme and I understand that the details given on this form are subject to GDPR regulations and will only be used for the purpose intended which will include entering details in the parish Sacramental Registers. | |
| **Date**: |  |
| **Signature** |  |
| **Comments/Questions** | |