



St. Teresa's Catholic Primary School

Form 2

This form is to be completed by Minister of Religion or Religious Leader only if you wish to apply for a place under Criteria 5

Child's Name: _____

Date of Birth: _____

Address: _____

_____ Post Code: _____

Father' Name: _____

Mother's Name: _____

This family is known to me and I support this application

Signed: _____
Minister or Religious Leader

Name: _____
Block Capitals

Telephone No: _____

Church: _____ Church stamp

Please return directly to the school office.

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Downloads/E05066B7-DD1B-4104-8945-8302F5F2F3EE/Supplementary B.doc