



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

STUDENT'S PARTICULARS

Name in Birth Cert: underline Surname					
Birth Cert/ NRIC No.:		Age:		Gender:	
Date of birth:		Citizenship:			
Address:					
Contact No.:	Home:		Mobile:		
Email Add.:					
Name of School:				Level Registering for:	
Student's Medical Condition (e.g. Allergies, Special Need Required)					

PARENTS:

	FATHER	MOTHER
Name (in full):		
NRIC No.:		
Baptised Catholic?	Yes / No	Yes / No
Contact No.:		
Email:		

Parent Support Group (PSG): to contact
(Please check (✓) the appropriate box)

<input type="checkbox"/>	Father
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<input type="checkbox"/>	Mother
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OTHER CONTACT PERSON (in case parents are unavailable)

Name :			
Mobile No.:		Relationship to student:	

OTHER SIBLINGS ATTENDING CATECHISM AT SFX (if not already registered, fill in separate form)

	Name:	Birth Cert/ NRIC/FIN No.:	Date of Birth
1			
2			
3			
4			
5			

SACRAMENTAL PARTICULARS (Please submit a copy of your child's Baptism Cert)

Baptism Date:	
Baptism Church:	

If overseas Church, please fill out PARISH ADDRESS NOTIFICATION FORM

- We would like our child to receive instructions in the Catholic Faith.
- We authorise the catechists to communicate with us via our contact details as stated above.
- We will assist in our child's faith formation as members of the Parent's Support Group.

Signatures of
Parent/ Guardian: _____ Date: _____

Note:

1. Documents required

FOR OFFICIAL USE

<input type="checkbox"/>	Child's Baptism Certificate
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2. Once you have submitted this form, your application is considered accepted. Families will be contacted only if application requires further clarification.

IMPORTANT PDPA NOTICE:

In line with the Personal Data Protection Act 2012, by submitting my personal data hereto, I hereby agree and consent that the Church of St Francis Xavier, Singapore ("the Church") may collect, store and process my personal data that I have provided for the purposes of managing and facilitating the administrative operations of parish activities of the Church.

I agree that the Church will take all reasonable precautions to protect my personal data against unauthorised disclosure.

I certify the above information is true to the best of my knowledge and acknowledge and agree to abide with the guidelines and PDPA notice.

Name and Signature Date

FOR ADMINISTRATOR'S USE ONLY *Cat Admin 14.11.2015*

Registration:		Remarks:	
Enrolment Date:			
Class Assigned to:			