



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

STUDENT'S PARTICULARS

Please fill in all boxes, incompletd forms will be handled last.

Name in Birth Cert: underline Surname					
Date of birth:		Age:		Gender:	
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' PARTICULARS:

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

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:	Catechism Level	Date of Birth
1			
2			
3			
4			
5			

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

Date of Baptism:	
Church of Baptism:	

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 participate in our child's faith formation by attending the parish or Archdiocese faith formation programmes

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*

Registration:		Remarks:	
Enrolment Date:			
Class Assigned to:			