



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**

	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:			