OUR LADY OF THE ANGELS

CATHOLIC PRIMARY SCHOOL

QUEENSWAY

CHELSTON

TORQUAY TQ2 6DB

# Tel: 01803 613095

e-mail [admin@queenswayprimary.co.uk](mailto:admin@queenswayprimary.co.uk)

[www.ourladyoftheangels.eschools.co.uk](http://www.ourladyoftheangels.eschools.co.uk)

**Self-Declaration form**

Pupil‘s name ...................................................................................................

Parent/Guardian’s name .................................................................................

Address ............................................................................................................

Contact number ................................................................................................

**Self-declaration**

I attend the church of ...................................................................................................

I confirm that my child is baptised

(Category 2) Yes / No

I confirm that my child is enrolled on a programme for Baptism

(Category 4) Yes / No

I confirm that I am baptised in the Catholic Church

(Category 5) Yes / No

I confirm that my child is a member of another recognised Christian Faith

(Category 6) Yes / No

I confirm that my child is a member of another recognised faith tradition

(Category 7) Yes / No

I confirm that I wish my child to experience a faith centred education

(Category 8) Yes / No

Signed ................................................................

For categories 2-6 please pass the whole form to your Parish Priest or Minister for completion. This should then be returned to the school.

For categories 7 and 8 please return the form directly to the school.

**Priest’s / Minister’s Confirmation**

I am able to agree with the statement above Yes / No

I am unable to agree with the statement Yes / No

Signed ............................................................................

Please annotate as appropriate and apply a church stamp