



EVIDENCE OF FIRST HOLY COMMUNION

This is to certify that (child's name in full) _____

Date of Birth: _____ of (address in full) _____

made her First Holy Communion on (date) _____

at (name and address of parish) _____

You must complete either Part 1 or 2

1. * I enclose a copy of her Remembrance of First Holy Communion tick

or

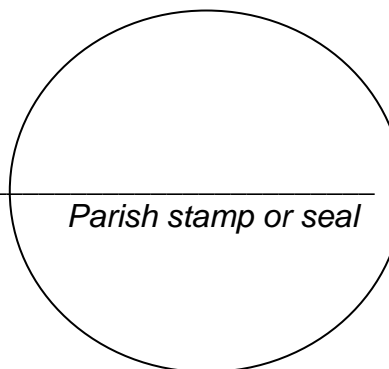
2. *Signature and Parish Stamp of Holy Communion

Priest's name _____

Parish _____

Address _____

Priest's signature _____



Date _____ Telephone _____

This form should be returned directly to the Headteacher at St. Michael's by the closing date stated on the associated Supplementary Information Form. Failure to complete it or return it would prevent the Governors applying their Admissions Criteria to your Application for a place at St Michael's for your daughter.

*Please delete as necessary