



Sacred Heart
Southend-on-Sea
St John Fisher
Prittlewell

Confirmation 2015 Application Form

Eligibility

This course is for young people in school year 10 (in 2014-15) or older who are members of the Parish of Sacred Heart and St John Fisher.

Returning this Form

You must return this form to Fr Tom at The Presbytery, 418 Southchurch Road, Southend-on-Sea SS1 2QB by Sunday 23rd November 2014. Before you return it, please check for the following:

- ☐ your own signature (section 2)
- ☐ your parent's or carer's signature (section 3)
- ☐ a copy of your baptism certificate to be enclosed.
- ☐ a completed Walsingham Parental Consent form.

Section 1 – Your Personal Details

Please write in BLOCK CAPITALS

First names _____ Surname _____

What name do you like to be known by? _____

Date of Birth: _____ Are you: Male ☐ or ☐ Female?

Address _____

_____ Post Code _____

Phone number(s) _____

E-mail address _____

School _____ School Year _____

Church at which you normally attend Mass _____

Please tick one box and complete as appropriate:

☐ I was baptised at Sacred Heart/St John Fisher on _____ (date)

☐ I was baptised at _____ (church) on

_____ (date), **and I enclose a copy of my baptism certificate.**

Section 2 – Your Application

I apply to join the Confirmation Programme with a view to being confirmed during 2015.

Signature _____ Date _____

Section 3 – Your parent's or legal carer's consent

Please ask your parent or legal carer to complete this section.

Name of responsible adult _____

Address _____

_____ Post Code _____

Emergency Phone number(s) _____

E-mail address _____

Please read the following and tick the box if you agree to it:

- I have legal responsibility for the young person making this application. I undertake to assist her/him in preparing for confirmation and I give my permission for her/him to take part in all the sessions stated, and in any additional or substituted sessions and in a retreat weekend, which may include a supervised or unsupervised walk outside in the grounds of Walsingham House.

Please tick one of the following as appropriate:

Either I will collect her/him in person promptly after each session or event.

Or I give permission for him/her to make her/his way home unsupervised.

Please state any relevant medical conditions (including regular or occasional medications and any food allergies) which may affect your child:

Please state any special dietary requirements which may which may affect your child:

Please give below any other information which you think we should have:

Signature of responsible adult _____

Date _____