



# The Department of Catechesis

Syro-Malabar Eparchy of St. Thomas the Apostle Melbourne, Australia

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## CATECHISM REGISTRATION FORM

### Details of student:

Surname	Middle name	Given name
Date of birth	Place of birth	
Enrolling class		
Address		
Baptism name	Date of baptism	
Date of confirmation	Date of first communion	
Parent/carer name (1)	Mobile number	
Parent/carer name (2)	Mobile number	
Email		
Native Parish	Native Diocese	
Address (India)		

### Details of siblings (if any)

Name	Class	Date of birth
Name	Class	Date of birth
Name	Class	Date of birth
Name	Class	Date of birth

### Emergency contact details (if they are not a parent/carer)

Name	Relationship	Mobile number
Name	Relationship	Mobile number

### Health concerns (if any)

Medications (for example, EpiPen, asthma inhalers)

**Parish, Class, and % of attendance and Marks the Student Previously Attended (As Per the details available in Transfer Certificate- TC- from the previous parish, if applicable)**

### Parent/carer to sign below

Name	Signature	Date
Verified by:	Signature:	

**FOR OFFICE USE ONLY: Date Received** \_\_\_/\_\_\_/\_\_\_ **Class** \_\_\_\_\_ **Admission Reg No** \_\_\_\_\_

**Name of the center, parish, and place:**