Parish of SS John Fisher and Thomas More.

I wish my child to participate in preparati	ion for (pleas	se tick the appropriate box/es):		
> The Sacrament of First Reconcilia	tion/Confess	sion (Year 3)		
➤ The Sacrament of First Holy Com	munion (Yea	ur 4)		
> The Sacrament of Confirmation (rear 6)			
> All 3 Sacraments				
Name of Child				
Date of Birth				
Date and Church of Baptism				
Name of parent/carer/legal guardian				
Relationship to child				
Address				
	elephone:			
School			Class:	
Does your child have any Special Educational Needs or Disabilities	es/No (Delet	te as appropriate). If yes, please	give brief	details.
Which Mass do you usually attend?				
Do you have access to Wi-Fi at home?	? Yes/No			
At home, do you have access to any o	of the followi	ing?		
Personal computer Yes/No Lapto	p Yes/No	Tablet Yes/No Smartpho	ne Yes/No)
Data Protection: your personal details given a and administering the sacraments. By signing below, you acknowledge that Cand stored permanently; and in the case of continuous where you were baptised (if in a different purple where certain permissions are needed. Your we process your data, and your rights, are www.dioceseofleeds.org.uk/privacy-notice/ The information in this document will be a delivering an approach to sacramental prepineeds. I/we consent to my/our details be	on Law requir firmations an parish). Data in details will non the full P used to supp paration that	res some of your personal data to be ad marriages, that the Parish is oblined may also have to be shared with to ot otherwise be disclosed outside trivacy Notice which is on the Diorort parents/carers, catechists and meets the needs of your child, co	e entered in liged to not the Diocese, the parish. I cese of Leed	registers and ify the Parish, e.g. in cases Details of how ds website at planning and
Signed:		Date:		