

(Office Use Only)



Reg.No	
Date	

Catholic NCC Other Christian

SUNDAY SCHOOL REGISTRATION FORM

(Please fill in the all Details in BLOCK CAPITAL Letters and ignore the inapplicable fields)

Full Name & Address of Sunday School:		
Full Name & Address of Church :		
Full Name & Address of Parish : <i>(for Catholic applications only)</i>		
Medium :	No. of Students :	No. of Teachers :
Telephone :	Fax :	
Diocese :	Province :	
District :	Divisional Secretariat :	
Gramasewa Division :	Pradeshiya Sabha :	

Please attached a Copy of below document

1. Church Registration Certificate

I hereby apply to register above mentioned Sunday School under the Department of Christian Religious Affairs

Priest / Pastor / In charge of the Church :

Signature & Official Stamp :

Date :

I hereby recommend / not recommend above application (for Catholic applications only)

Diocesan Catechetical Director :

Signature & Official Stamp :

Date :

I hereby recommend / not recommend above application

Bishop's Name / Denomination Head :

Signature & Official Stamp :

Date :

I hereby recommend / not recommend above application (That the Sunday school is maintained within the respective church)

Grama Niladhari Name :

GN Division :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

.....
.....

I hereby recommend / not recommend above application
(If divisional secretary is not recommended, refer to District Secretary)

Divisional Secretary Name :

Signature & Official Stamp :

Date :

If not recommended, Please provide reasons.

.....
.....

I hereby recommend / not recommend above application

District Secretary Name :

Signature & Official Stamp :

Date :

If not recommended, Please provide reasons.

.....
.....

I hereby approve / do not approve the above application

Head of the Department,

Department of Christian Religious Affairs :

Signature & Official Stamp :

Date :

If not approved, Please provide reasons.

.....
.....