



(Office Use Only)

Reg.No	
Date	

## SUNDAY SCHOOL REGISTRATION FORM

(Please fill in the all Details in BLOCK CAPITAL Letters)

Full Name & Address of Sunday School:		
Full Name & Address of Church :		
Full Name & Address of Parish :		
Medium :	No. of Students :	No. of Teachers :
Telephone :	Fax :	
Diocese :	Province :	
District :	Divisional Secretariat :	
Gramasewa Division :	Pradeshiya Sabha :	

Please attached aCopy of below document

1. Church Registration Certificate

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

Parish Priest Name : .....

Signature & Official Stamp : .....

Date : .....

*I hereby recommend / not recommend above application*

Diocesan Catechetical Director : .....

Signature & Official Stamp : .....

Date : .....

*I hereby recommend / not recommend above application*

Bishop's Name : .....

Signature & Official Stamp : .....

Date : .....