

SUPPLEMENTARY FAITH REQUEST FORM

Please complete in CAPITALS:

Primary School: _____

Name of Pupil: _____

Address of Pupil: _____

Parish in which you live: _____

Please confirm that the pupil is a baptised Catholic:

Yes No

If 'Yes', a copy of the baptismal certificate should be attached to this form and returned to St. Augustine's by **31st October, 2017.**

Signed: _____ (Parent/Carer)

Date: _____

Please return to: The Admissions Officer,
St. Augustine's R.C. High School,
Elker Lane,
Billington,
Clitheroe, Lancs.
BB7 9JA