



**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 **31<sup>st</sup> October, 2018.**

Signed: \_\_\_\_\_

(Parent/Carer)

Date: \_\_\_\_\_

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