

Supplementary Information Form
Admission to St Patrick's Catholic Primary School
Please complete in Block Capitals and return to school by 4pm on
31st January

SURNAME OF CHILD _____

FORENAMES _____ DATE OF BIRTH _____

ADDRESS OF CHILD _____

_____ POSTCODE _____

YOUR TELEPHONE NUMBER _____

IS YOUR CHILD

BAPTISED ROMAN CATHOLIC _____ NON CATHOLIC _____

FOR BAPTISED ROMAN CATHOLICS

MONTH OF BAPTISM _____ YEAR _____ PARISH _____

PARISH LOCATION [TOWN/CITY] _____

You are asked to enclose a copy of the baptismal certificate with this form. If this is not possible explain below.

SIGNED _____ NAME [please print] _____

RELATIONSHIP _____ DATE _____