**SUPPLEMENTARY FAITH REQUEST FORM**

**Please complete in CAPITALS**:

Primary School:

Name of Pupil:

Address of Pupil:

Post Code:

Parish in which you live:

***Is the pupil a baptised Catholic:***

Yes No

If ‘Yes’, a copy of the baptismal certificate should be emailed alongside this form and returned by email to [info@sarchs.com](mailto:info@sarchs.com) St. Augustine’s by ***31st October, 2023***

Name of the person completing this form and relationship to pupil:

Telephone number and email address in case of query:

(Email)

(T)