**SUPPLEMENTARY INFORMATION FORM**

Please complete this form if you wish your child to be considered under the faith criterion and return it to St Bernadette’s RC Primary, Abingdon Avenue, Whitefield, M45 8PT.

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| Child’s Name | ………………………………………………………………………………………………………………………………………………………… | | |
| Parent’s Name | ………………………………………………………………………………………………………………………………………………………… | | |
| Date of birth | …………………………………………………… |  | |
| Address | …………………………………………………………………………………………………………………….…………………………………  ………………………………………………………………………………………………………………………………………………………… | | |
| Post code | …………………………………………………… | Telephone number | ……………..……………………………………………… |
| Please confirm that your child is a baptised Catholic: Yes o No o | | | |
| Place of Baptism | ………………………………………………………………………………………………………………………………………………………… | | |
| Parish community in which you live/worship?  ……………………………………………………………….………………………………………………………………………………. | | | |

The original baptismal certificate or a certified copy must be sent to the school.

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| Signed (Parent/Carer) | …………………………………………………………………… | Date | ……………..…………………………………… |