Brownedge St Mary's Catholic High School

Supplementary Application Form *Please complete this form in addition to the online LCC Form* https://www.lancashire.gov.uk/schools



APPLICATION FOR ADMISSION 2024/25

| PUPIL DETAILS: Forename | | | |
|---|---|---------|------------|
| | | Address | |
| | | | . Postcode |
| Date of Birth | . Current Age | | |
| Name & Address of present school attende | ed | | |
| | | | |
| | | | |
| Is your child Baptised? Yes/No | | | |
| To your orma Dapasour Tooms | | | |
| PARENT/CARER DETAILS: | | | |
| Title | | | |
| Forename | Surname | | |
| Telephone Nos: Home | Mobile | | |
| Email Address | | | |
| (2 nd Parent/Carer details contact, if applica | able) | | |
| Title | | | |
| Forename | Surname | | |
| Telephone Nos: Home | Mobile | | |
| Please state your religion and give details | of the Parish in which you live/attend. | | |
| | | | |
| Do you have any other children already at | tending Brownedge St Mary's? Yes/No | | |
| | | | |
| | | | |
| Signature of Parent/Guardian | Date | | |

^{*}This form MUST be completed fully if you wish to apply to Brownedge St Mary's Catholic High School and returned as soon as possible to Mrs Chester, Admissions Officer.