

## ST OSWALD'S CATHOLIC PRIMARY SCHOOL, COUNCIL AVENUE, ASHTON IN MAKERFIELD, WIGAN WN4 9AZ

## **SUPPLEMENTARY INFORMATION FORM 2021/2022**

SECTION A (to be com	pleted by pare	ent/guardian on beh	nalf of the Applicant)
Name of applicant:			
Address of applicant: _			
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Is the child a baptised Cath	nolic?	Yes	No
Parish of Baptism and Loca	ation:		
Month and Year of Baptism	n:		
(Proof of baptism is required. If you do not have a Baptism Certificate, your Parish Priest will be required to confirm your child is a baptised Catholic by completing and signing the section below).			
What is your faith commun	ity?		
Parish/area of faith community in which you live			
SECTION B (to be completed by Minister of Religion) If Roman Catholic, would you confirm that the applicant is a baptised Catholic Yes No			
If Christian, would you confirm that the applicant is a baptised Christian			
Yes No			
If of a faith other than Chris community	stian, please wou	ld you confirm that the	applicant is a member of your faith
Yes No			
Signed (Minister of Religio	n)		
Print name			
Address			