

**ST JAMES THE LESS R C PRIMARY SCHOOL**  
**SUPPLEMENTARY INFORMATION FORM (FAITH REQUEST)**

School Name: \_\_\_\_\_

Local Authority : \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish Community in which you live/worship: \_\_\_\_\_

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Please confirm that the applicant is a baptised Catholic

Yes

☐

No

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Place of Baptism \_\_\_\_\_

A copy of the baptismal certificate must be presented to the school if the applicant was baptised.

\_\_\_\_\_ Signed (parent/guardian)

Date: \_\_\_\_\_