**DIOCESE OF SALFORD**
**SUPPLEMENTARY INFORMATION FORM: 2027-2028 ADMISSIONS**

**ST MARY'S R C PRIMARY SCHOOL, HASLINGDEN**

**DISTRICT NO: 14** **SCHOOL NO: 032**

**LOCAL AUTHORITY: LANCASHIRE**

**PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO SCHOOL BY 15TH JANUARY 2027**

**SURNAME OF CHILD:** _____

**FORNAME(S):** _____

**DATE OF BIRTH:** _____

**ADRESS OF APPLICANT:** _____

_____ _____

**TELEPHONE NUMBER:** _____

**Parish Community in which you live / worship:**

_____-

**PLACE OF BAPTISM:** _____

**PARISH** _____

**PARISH LOCATION (TOWN/CITY)** _____

**PARISH COMMUNITY IN WHICH YOU LIVE/WORSHIP:** _____

**You are asked to enclose a copy of the baptismal certificate with this form. If this is not possible explain below.**

**Signed** _____

**DATE:** _____