Supplementary Form

**To ensure that your child has the best chance of securing a place at The Academy of Saint Francis of Assisi, please complete this form, regardless of your religion at your earliest convenience and return it to the Academy office or post it to the address above.**

**If you require any support to complete the form, please contact us on 0151 260 7600 or visit the Academy reception.**

**Name of child:** ...................................................................................................................................................

**Address of child:** ...................................................................................................................................................

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................................................................................................................................................... **Parent/Carer name:** ……………………………………………………………………………………………………………

**Parent/Carer contact number:** ……………………………………………………………………………………………………………

**Parent/Carer email address:**

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**Please complete Section A, B or C.**

**Section A:**

**Applicants who are Roman Catholic**

Please provide a photocopy of your child’s Baptismal Certificate or bring it in to the Academy reception and we will photocopy it for you.

You must also complete the section above and return this Supplementary Form to the Academy.

**Section B:**

**Applicants from other Christian denominations**

Please state the Christian denomination to which you belong.

Christian Denomination:

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Please provide proof of Baptism in the form of a Baptismal Certificate or by asking an appropriate Minister of Religion to complete the section below.

Minister of Religion / Faith Leader (print name): ................................................................................................................................................... Address:.....................................................................................................................................

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Position held: ................................................................................................................................................... Signature: ................................................................................................................................................... Date:

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**Section C:**

**Applicants of Other Faiths**

Please state the faith group to which you belong.

Faith Group: ...................................................................................................................................................

Please confirm the faith group to which you belong by asking an appropriate faith leader to complete the section below.

Minister of Religion / Faith Leader (print name): ................................................................................................................................................... Address:.....................................................................................................................................

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Position held: ................................................................................................................................................... Signature: ................................................................................................................................................... Date:

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