

**ST MARY MAGDALENE'S RC PRIMARY SCHOOL (12/032)
SUPPLEMENTARY INFORMATION FORM**

**Please complete in BLOCK CAPITALS and return to school before 4pm on
15/01/2019**

SURNAME OF CHILD	_____
FORENAME(S)	_____
DATE OF BIRTH	_____

ADDRESS OF CHILD	_____
	POSTCODE _____
YOUR TELEPHONE NUMBER	_____

IS YOUR CHILD			
BAPTISED ROMAN CATHOLIC	<input type="checkbox"/>	NON CATHOLIC	<input type="checkbox"/>

FOR BAPTISED ROMAN CATHOLICS	
MONTH OF BAPTISM	_____ YEAR _____
PARISH	_____
PARISH LOCATION (TOWN/CITY)	_____

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

SIGNED _____	NAME (please print) _____
RELATIONSHIP _____	DATE _____