

ARCHDIOCESE OF LIVERPOOL

**SUPPLEMENTARY FAITH REQUEST FORM**

**ST. HUGH’S CATHOLIC PRIMARY SCHOOL**

Dear Parent,

A copy of this form must be completed by the parent/guardian for EACH Catholic school applied to and RETURNED TO THE INDIVIDUAL SCHOOL.

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| Name of school applied for: | | | St. Hugh’s Catholic Primary School, Earle Road, L7 6HE. | |
| Child’s Name: | | |  | |
| Address of child: | | |  | |
| Postcode: | |
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| 1. | Is the child a baptised Catholic? | | | Yes NO |
| 2. | If yes, please state parish of baptism and date | | | |
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| 3. | In which parish do you now live? ***(see Note 1)*** | | | |
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| 4. | If your child is not a baptised Catholic, please state to which denomination or faith, if any, your child belongs ***(see Note 2)*** | | | |
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| **Notes 1.** | **Evidence of Baptism – Catholic**  If you are applying for a Catholic primary school and your child was baptised in the parish served by the school then the parish baptismal records will be checked by the school to confirm baptism. If your child was baptised in another parish a baptismal certificate or the completion of the statement below will normally be required to confirm your child is a baptised Catholic. | | | |
| **2.** | **Evidence of Faith Group membership**   1. If you are applying for a Catholic school and want to be considered under the relevant criterion as an other than Catholic Christian please state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate **or** confirmation in writing by completing the statement below to show that your child is a member of a faith community by an appropriate Minister of Religion is required. 2. If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader would need to confirm in writing by completing the statement below that your child is a member of their faith group. | | | |
|  | **Minister of Religion/Faith Leader** | | | |
|  | Minister/Leader  (Print name):  Address:  Position held:  Signed and dated: |  | | |
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