



## SUPPLEMENTARY INFORMATION FORM

Please complete this form if you wish your child to be considered under the faith criterion and return by post to Admissions Officer, St Gabriel's RC High School, Bridge Road, Bury BL9 0TZ or email to [admissions@st-gabriels.org.uk](mailto:admissions@st-gabriels.org.uk)

**A COPY OF THE BAPTISMAL CERTIFICATE MUST BE SENT TO ST GABRIEL'S WITH THIS FORM**

**PLEASE USE BLOCK CAPITALS**

Parent/Carer Name	.....		
Child's Surname	.....	Forenames:	.....
Date of Birth	.....	.....	
Address	..... .....		
Post Code	.....	Telephone Number	.....
Please confirm that your child is a baptised Roman Catholic <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Place of Baptism (name of church)	.....		
Parish community in which you live/worship? .....			
Current Primary School	.....		
Signed Parent/Carer	.....	Date	.....