



**ST TERESA
of CALCUTTA**
Catholic Academy Trust

St Gabriel's

Roman Catholic High School



**STRENGTH
SERVICE
SUCCESS**

Supplementary Information Form Application for a Year 7 place in September 2026

If your child is in Year 6, parents/carers must complete the Local Authority Admission Application Form by **31st October 2025**. You will also need to complete this supplementary information form if you have listed St Gabriel's as a preference on the Authority Application Form. **It is important that you complete both.**

Please complete this form in **BLOCK CAPITALS** 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 by **31st October 2025**.

CHILD'S SURNAME:	
CHILD'S FORENAME:	
DATE OF BIRTH:	BOY <input type="checkbox"/> GIRL <input type="checkbox"/> (please tick)
ADDRESS OF CHILD:	
POSTCODE:	
PRESENT SCHOOL:	
NAME OF PARENT(S) CARER(S):	
TELEPHONE NUMBER:	EMAIL ADDRESS:
Name and current year group(s) of any brother(s) or sister(s) at St Gabriel's RC High School who will be attending the school at the date of admission of the younger sibling:	
LOCAL AUTHORITY: BURY <input type="checkbox"/> MANCHESTER <input type="checkbox"/> SALFORD <input type="checkbox"/> OTHER _____	
ROMAN CATHOLIC CHILDREN ONLY <i>Please confirm your child is baptised Roman Catholic and has completed the Diocesan Sacramental Programme by enclosing a copy of the Baptism Certificate and/or Diocesan Sacramental Programme/Holy Communion Certificate and complete the following:</i>	
DATE OF BAPTISM:	
NAME OF CHURCH WHERE YOUR CHILD WAS BAPTISED:	ADDRESS OF PARISH BAPTISM:
NB: IF PROOF OF FAITH IS NOT SUBMITTED, PLACES WILL NOT BE ALLOCATED WITHIN THE FAITH CATEGORY	