



WOLVERHAMPTON
GRAMMAR SCHOOL

Secondary School Discovery Day

Please complete **IN CAPITALS** and return this form to Gail Evans at:
Wolverhampton Grammar School, Compton Road, Wolverhampton WV3 9RB

Parent/Guardian Name _____

Contact Number _____

Email _____

Address _____

Name of Child _____ Girl Boy

Date of Birth _____

Current School _____

Dietary Requirements _____

Does your child have any medical requirements, special access needs or any other requirements that we should be made aware of? _____

Occasionally, we take photographs of visitors to our School to use for promotional materials or online, for example: in our School publications, on our website or the School's social media channels. Please indicate below if you give or do not give consent for the School to use any images of your child from the Discovery Day for these purposes.

- Y Yes I give consent
- N No I do not give consent

Parent's/Guardian's Signature _____

Date _____