



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? _____

By returning this information you are agreeing to the following: All data will be held securely by Wolverhampton Grammar School in line with our Privacy Notice and will be treated confidentially. Your data may be used to contact you by mail, email or telephone for the purposes of the Secondary School Discovery Day and other relevant School events.

Please indicate here if you do not wish the School to contact you about other events which may be of interest to you.

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.

Yes I give consent No I do not give consent

Parent's/Guardian's Signature _____

Date _____