



WOLVERHAMPTON GRAMMAR SCHOOL

Years 3, 4, 5 & Big 6 Registration Form

Please complete this form in CAPITAL LETTERS. If you have any questions, please contact the Admissions Registrar tel 01902 422939.

For Office Use Only

DD/MM/YY

AP

SR

FA

Child's Details

Surname _____

Date of birth _____

Forename(s) _____

Boy Girl

Preferred forename _____

Please indicate below the year group the child is applying to Year 3

Year 5

Year 4

Big 6

For entry to Wolverhampton Grammar Junior School in September 20_____

Are you the child's Parent or Guardian

If you do not have parental responsibility for the child, please state your relationship to the child here

Your Details

First parent/guardian/other name _____

Email _____

Telephone (day) _____

Address _____

Mobile _____

Postcode _____

Your Details

Second parent/guardian/other name _____

Email _____

Telephone (day) _____

Address (if different from above) _____

Mobile _____

Postcode _____

Current School

We will contact the school for a report as part of the application process

School name and address _____

Postcode _____

Telephone number _____

Headteacher's name _____ Current Year Group _____



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Is English your child's first language? Yes No

If not, please provide details here _____

Does the child you are registering have any siblings? Yes No

If yes, please provide details below:

Name _____ DoB _____ School (if applicable) _____

Name _____ DoB _____ School (if applicable) _____

Name _____ DoB _____ School (if applicable) _____

Supported Learning

Are there any specific learning difficulties or additional educational needs that may require support?

Please indicate here if you would like to be considered for OpAL support* (Year 5 and Big 6 applicants only)

For further information on the OpAL programme please refer to the prospectus or visit our website www.wgs.org.uk

Does the child require any extra special arrangements for our entrance assessment Yes No

* Applicants for our OpAL Programme should include a recent Educational Psychologist report and the contact details of any teacher who has given specialist teaching in the last two years.

Hobbies and Interests

Please use this opportunity to tell us about any hobbies or interests

Name in full (and relationship to child) _____

Signature _____ Date _____

Please return this form together with a £25 non-refundable registration fee to: The Admissions Registrar, Wolverhampton Grammar School, Compton Road, Wolverhampton WV3 9RB. Payment can be made either at the School by cash, cheque (payable to Wolverhampton Grammar School), debit/credit card or by phone with a debit/credit card.

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 Admissions and relevant School events that may be of interest to you.