



ADMISSION CONTACT DETAILS

Please note: This form is NOT the Registration Form required to apply to sit our Entrance Examination. It is a request to receive our comprehensive Information Pack.

Surname:

Forenames (in full): Boy / Girl

Date of Birth: Day Month Year

Present School:

Name of Parent(s)/Guardian(s): (father)

..... (mother)

Address of Parent(s)/Guardian(s):

.....
.....
.....

Post Code: Telephone No:

Which Division would you hope your child to enter?

Infants / Juniors / Girls / Boys / Sixth Form

At what age would you hope your child to enter?

3+	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	Sixth Form
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Date _____