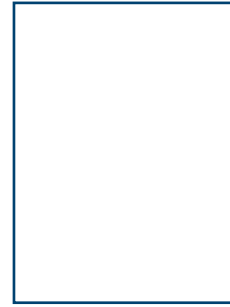


# Croydon High School

Old Farleigh Road, Selsdon, South Croydon, Surrey CR2 8YB  
Tel: 020 8260 7500 Fax: 020 8260 7461  
Email: info2@cry.gdst.net Web: www.croydonhigh.gdst.net



Please attach recent  
passport photo here



# CHS

Croydon High School  
ESTD. 1874

## Application for Registration and Entrance Examination/Assessment

Name \_\_\_\_\_

Proposed date of entry \_\_\_\_\_

For entry to \_\_\_\_\_ Year Group



Girls' Day School Trust  
Registered Charity No. 506953  
A Limited Company Registered in England No. 6400

Please complete this form in **BLOCK CAPITALS** and return it to the school together with a (non-returnable) registration fee of **£100.00**

**Cheques should be made payable to Croydon High School**

Details of Candidate:

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Underline forename by which you prefer her to be known

Date of birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Details of persons having parental responsibility

**FIRST PARENT/GUARDIAN** Main point of contact for correspondence/email (where child is living)

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Relationship to candidate \_\_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

**SECOND PARENT/GUARDIAN**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Relationship to candidate \_\_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Please indicate if either parent is deceased \_\_\_\_\_

**Does the candidate currently have a specific learning difficulty or disability?** YES / NO

If YES, please give brief details and attach copy of any Ed.Psychologist's report

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The GDST Bursary Scheme (Years 7 and 12 only) - application required by early November**

Do you wish to apply for financial assistance under the GDST Bursary Scheme? YES / NO

**Scholarships (Years 7 and 12 only) - application required by early November**

Do you wish to apply for an Art & Design, Music, Sports or Drama Scholarship? YES / NO

If YES please specify which \_\_\_\_\_

Academic Scholarships are awarded on performance on the entrance test and are automatically considered for an award

**Present School** (to whom reference may be made)

Name of School \_\_\_\_\_

Name of Head Teacher \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date Started \_\_\_\_\_

Type of School (Primary/ Secondary/ Independent/ State/ Grant Maintained)

**List names of any family members who are attending or have attended this school or another GDST school**

Name and Relationship to Candidate	School	Dates
_____	_____	_____
_____	_____	_____

**Are you applying to any other schools?**

YES / NO

If YES, please list below both Maintained and Independent Schools:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:**

If and when a place is offered and accepted, you will be requested to complete and sign the Trust's official agreement, which will constitute the contract between yourselves and the Trust. In accordance with the GDST data protection registration, this form may be stored on a computer for Trust use only.

For school office use Registration fee paid (£100) \_\_\_\_\_ Date \_\_\_\_\_

Please tick one or more of the following:

**How did you learn about the school?**

- From advertisements in local newspapers
- From advertisements or entries in national guides/newspapers
- Through local knowledge
- Through family connections
- Recommended by a friend
- Through an exhibition
- Through the website

**Did you choose the school because:**

- You have another daughter at the school
- You attended the school
- It has a good reputation
- It has a good academic record
- The fees are competitive
- You liked the atmosphere when you visited the school
- It is a GDST school

In order to help us monitor our equal opportunities policy, please tick one or more of the following:

Pupil's Nationality \_\_\_\_\_

Pupil's ethnic origin:

- |           |                          |                        |                          |             |                          |
|-----------|--------------------------|------------------------|--------------------------|-------------|--------------------------|
| Asian     | <input type="checkbox"/> | Black                  | <input type="checkbox"/> | White       | <input type="checkbox"/> |
| Indian    | <input type="checkbox"/> | African                | <input type="checkbox"/> | Chinese     | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Caribbean              | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Other     | <input type="checkbox"/> | (please specify) _____ |                          |             |                          |

Languages spoken fluently \_\_\_\_\_

First language at home \_\_\_\_\_

In accordance with the GDST data protection registration, this form may be stored on a computer for Trust use only.

We would like to hold the information contained on this form for the purpose of conducting our own market research and for providing you with information on the school, and on events and other activities at the school, which we believe may be of particular interest to you. We confirm that this information will not be shared with or divulged to any body or person outside Croydon High School or The Girls' Day School Trust (GDST). Please tick the box if you do NOT wish us to use this information for the purpose stated above.