



Child

Child's Full Name: _____

Name by Which Child is Known: _____

Date of Birth: //

Gender: Male Female

Entry

Proposed Date of Entry: _____

School Year at Entry:

(Prep School) Reception Prep1 Prep 2 Prep 3 Prep 4 Prep 5 Prep 6

(Senior School) 1st Form 2nd Form 3rd Form 4th Form 5th Form

(Sixth Form) Lower Sixth Upper Sixth

Age on 1 September in Year of Entry: _____

Address

Home Address: _____

Nationality

Nationality: _____

Child's First Language (if not English) _____

Other Languages Spoken: _____

Child's Current School

Please provide us details of the child's current school (if applicable), from which a **reference** may be sought.

Name of School: _____

Address: _____

Length of Time at Current School: _____

Current Year at School: _____

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Details of Parents/Guardians

PARENT 1

Do You Have Parental Responsibility? Yes No

Title: _____

Full Name: _____

Relationship to Child: _____

Occupation: _____

Home Telephone No: _____

Work Telephone No: _____

Mobile Telephone No: _____

Email: _____

Address (If Different to Child): _____

PARENT 2

Do You Have Parental Responsibility? Yes No

Title: _____

Full Name: _____

Relationship to Child: _____

Occupation: _____

Home Telephone No: _____

Work Telephone No: _____

Mobile Telephone No: _____

Email: _____

Address (If Different to Child): _____

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Additional Information

Are both parents in agreement that the child will attend the School?

Does anyone else need to consent to the child attending the School?

Are there any relevant Court Orders in relation to the child, as to parental responsibility, residence, contact, child arrangement, prohibited steps, specific issues or periodical payments, or in relation to the parents, if the parent is an un-discharged bankrupt or is subject to an individual voluntary arrangement? If so, please provide details:

Will someone else other than the parents pay or guarantee fees? If so, please provide details:

Other People with Parental Responsibility

(Please provide with the names)

Title: _____

Full Name: _____

Relationship to Child: _____

Occupation: _____

Home Telephone No: _____

Work Telephone No: _____

Mobile Telephone No: _____

Email: _____

Address (If Different to Child): _____

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Siblings

To comply with safeguarding advice, we need to ask for details of any siblings. Please continue on a separate sheet if necessary.

Full Name of Sibling 1: _____

Date of Birth: / /

Gender: Male Female

Current School: _____

Full Name of Sibling 2: _____

Date of Birth: / /

Gender: Male Female

Current School: _____

Wisbech Grammar School Connections

Please give us details of any connections you may have to the School.

Full Name: _____

Connection: _____

How Did You Hear About us?

Reputation Family / Friends Prospectus Advertisement Website

Other (Please State) _____

Confidential Information

Please note: no child will be considered for entry to the School unless this form is completed and returned prior to the entrance exam/assessments. The information you have provided will help us to make the appropriate adjustments in both the School's Admissions process, entrance examinations/assessments and in meeting the needs of your child and supporting your child throughout their educational journey at the School. Failure to disclose relevant information may result in the School being unable to make adjustments which can be reasonably made and lead to the withdrawal of any offer. Please continue on a separate sheet if necessary.

1. Please indicate any facts or concerns about the health of your child (such as defective hearing, sight problems, asthma, epilepsy, physical disabilities) which would affect his or her exam performance and/or education.

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2. Are there any special details concerning the child, his or her schooling, home/personal background or friendships/relationships which the School should know about?

3. Has your child ever been on an Individual Educational Plan (IEP) or given a Statement of Special Educational Needs or EHC Plan? If so, please give details.

4. Please give details of any special education need, learning difficulty or learning disability your child has e.g. dyslexia, dyspraxia, dyscalculia, ADD, ASD, SLCN*:

5. If your child has any behavioural, emotional or social difficulties such as ADHD or BESD please provide details here*:

6. Please provide any information about any physical conditions, illnesses, or disabilities your child has including issues with epilepsy, hearing, sight, mobility, development or toileting*:

*If you have answered questions 4, 5 and 6 above, please attach, where possible, any supporting evidence and documentation (which may include statements of SEN, EHC Plans and medical records and reports) from Educational Psychologists, Occupational Therapists, Specialist Teacher Assessor, School SENCo, Community Paediatric Department, GP, Consultants, Specialists or other medical/health/educational professionals, bodies or organisations.

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Registration Fee

Please tick as appropriate

- The non-refundable Registration Fee of £95, payable to Wisbech Grammar School by cheque in £ sterling is enclosed.
- The non-refundable Registration Fee of £95 has been sent to the Wisbech Grammar School by electronic transfer (see banking details below)

Bank: Barclays Bank

Sort code: 20-97-34

Account: 40969966

Account name: Wisbech Grammar School

Reference: Child's surname and Postcode

Declaration

Please note that we require a signature from both parents, unless parental responsibility has been removed by a court order, in which case please provide supporting evidence.

I/We understand that signing this registration form does not give rise to a contract with Wisbech Grammar School.

I/We understand that Wisbech Grammar School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature: _____ Date: _____

Printed Name: _____

Relationship to Child: _____

Second Signature: _____ Date: _____

Printed Name: _____

Relationship to Child: _____

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Ethnic Origin

Schools are required by the Department of Education to collect information about the ethnic background of pupils. This information is used to complete a statutory census which takes place in the autumn, spring and summer terms. This data will help us to understand and identify the needs of the individual pupils and groups of pupils and to plan and target resources and support more effectively and, in turn, parents and pupils will benefit from the provision of this information.

Please note that the information contained in this form will not be used in any way to select pupils for the school, nor will it be made available to the selection panel. Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Department for Education to contribute to national statistics.

White:

- British Irish Any other white background

Black or Black British:

- Caribbean African Any other black background

Chinese or Other Group:

- Chinese or other group Any other ethnic group (please give details)

Mixed Race:

- White and Black Caribbean White and Black African
 White and any other Asian background Any other Mixed Race background

Asian or Asian British:

- Indian Pakistani Bangladeshi Any other Asian background

Notes:

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This form should be sent to the Admissions Team, Wisbech Grammar School, North Brink, Wisbech, Cambridgeshire, PE13 1JX together with a remittance of £95, being a non-returnable Registration Fee.

Registration does not reserve a place for your child at Wisbech Grammar School. It means your child will be considered for a place at Wisbech Grammar School and will be placed on its waiting list.

When a place can be offered, an Acceptance Form will be sent to the above-named Parents/ Guardian, together with the school's Parent School Contract. The place will be reserved after completion of the Acceptance Form, lodgement of the required deposit and confirmation of the reservation by the School.

For office use only:

Registration Form Received	Assessment	Offer sent (contract plus acceptance forms)	Acceptance Forms and deposit received	Confirmation of reservation sent	I.D. approved

Wisbech Grammar School
47 North Brink
Wisbech
Cambridgeshire
PE13 1JX

t: 01945 586 750

e: Admissions@WisbechGrammar.com