



To be considered for an Academic Scholarship, your son or daughter will need to be registered for admission  
If not already registered, please return the registration form and £95 registration fee with this application

Closing date for application: 25 November 2016

Scholarship assessment week will be held week commencing 23 January 2017

### Child

Child's Full Name: \_\_\_\_\_

### Date of Birth

□□/□□/□□□□

### GCSE's taken (please include results if taken early)

- |   |   |
|---|---|
| <input type="checkbox"/> Maths _____                      | <input type="checkbox"/> Textiles _____           |
| <input type="checkbox"/> English Literature _____         | <input type="checkbox"/> Graphics _____           |
| <input type="checkbox"/> English Language _____           | <input type="checkbox"/> DT _____                 |
| <input type="checkbox"/> Science _____                    | <input type="checkbox"/> Food and Nutrition _____ |
| <input type="checkbox"/> History _____                    | <input type="checkbox"/> Performing Arts _____    |
| <input type="checkbox"/> Geography _____                  | <input type="checkbox"/> Music _____              |
| <input type="checkbox"/> Religious Studies _____          | <input type="checkbox"/> Business Studies _____   |
| <input type="checkbox"/> Art _____                        | <input type="checkbox"/> Sport _____              |
| <input type="checkbox"/> Other (please give detail) _____ |   |

### Child's Current School

Please tick this box if your child already attends Wisbech Grammar School (**you are not required to provide any further information in the 'Child's Current School' Section**)

If your child is an external pupil, please provide us with details of their current school, **from which a reference will be sought**

Name and Address of Current School: \_\_\_\_\_

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

Name of Headteacher: \_\_\_\_\_

Name of Current Class Teacher: \_\_\_\_\_

I have enclosed a copy of my son / daughters' most recent School report and internal examination results

### Further Information

Please use this section to provide any other useful information about your child: \_\_\_\_\_

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



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### Child's Parent / Guardian Information

I wish to enter my son / daughter for an Academic Scholarship at Wisbech Grammar School.

Parent Signature: \_\_\_\_\_

Date:   /   /

Printed Name: \_\_\_\_\_