

WOODSTOCK GIRLS SCHOOL

11-15 WOODSTOCK ROAD, MOSELEY, BIRMINGHAM B13 9BB

TEL / FAX: 0121 449 6690

APPLICATION FORM

Date:

Year:

ABOUT THE CHILD

Surname: Forename:

Date of birth: Country of birth:

Address:

..... Postcode: Telephone no:

Father's name: Telephone no:

Mother's name: Telephone no:

Emergency Contact name: Telephone no:

Is your child having any special needs education: Yes / No

PREVIOUS SCHOOL(S)

Is your previous school primary or secondary?

School name:

Address:

Tel no:

HEALTH

Does your child suffer from any serious illness: Yes / No

If yes, please state:

Name of doctor: Telephone no:

Address: Postcode:

If the above named child is accepted at the school then I the undersigned, promise to abide by the rules and regulations set by the school. I will also pay the school fees as determined by the school committee.

Signature of parent / guardian:

SCHOOL USE ONLY

Date of admission: Date left:

Registration no: UPN no: