

Please affix a
passport size
photograph of
the candidate in
this space

Application for Registration Preparatory Department September 2019

Manchester
High School
for Girls

Please complete this form in Block Capital in as much detail as possible. We need this information to be able to process your application for a place for your child.

Information which is mandatory for you to provide is indicated below by a *. If you do not complete the mandatory sections in full this may jeopardise or delay your application.

1. Full name of candidate as on passport or birth certificate (please enclose a copy of the candidate's passport)

Surname or family name:* Date of birth:*

First names:*

(Please underline the name by which she is known)

2. Nationality:* Religion:

3. Parent /Guardian 1 full name:* Salutation (e.g. Mr,Mrs,Dr):*

Relationship to candidate:* Occupation:

Address:*

Post Code:* Email Address: *

Home telephone no: Daytime telephone no:*

4. Parent /Guardian 2 full name:* Salutation (e.g. Mr,Mrs,Dr):*

Relationship to candidate:* Occupation:

Address:*

Post Code:* Email Address: *

Home telephone no: Daytime telephone no:*

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step parent and their consent to the child attending the School will be required if an offer is made.

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FOR SCHOOL USE ONLY	F	P
Age	Year	

5. A report on the candidate's educational progress will be sought from the Head Teacher of her present school prior to exam. Please give the following details:

Name and address of present school:*

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Independent/LEA Primary School (**Please delete as appropriate**)

Name of Head Teacher: Date of candidate's admission there:

6. Details of previous school(s) attended by your daughter:*

Name of school	Independent / LEA primary	Dates of attendance
		to
		to

7. Have you applied for the candidate to be admitted to any other schools and if so, which?

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8. Please mention here the names of any other members of the family currently attending the School or applying for entry, or any other connection with the School, past or present.

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9. Please mention here any medical condition, disability or other educational need which we need to take into consideration for the entrance examination. Please submit a copy of any SEN reports previously obtained with your completed application. *

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Early application is recommended. Offers of places are subject to availability and the admission requirements of the School at the time the offers are made. Further detailed instructions about procedures on the day of the examination will be sent to all applicants on receipt of the completed form.

The closing date for receipt of applications is Monday 17th December 2018.

The entrance examination will take place on Tuesday 15th January 2019.

I/We request that the above named child be registered as a prospective pupil. We certify that fees of the current and any previous schools have been paid and consent to the School making reasonable enquiries thereof.

Use of your Data: All personal information collected in accordance with your registration of a place at the school and any subsequent information collected in the future will be held, used and/or shared in accordance with the school's Privacy Notice located on our website. All personal data is held in accordance with the applicable Data Protection laws.

First Signature: Second Signature:

Name in full: Name in full:

Relationship to child: Relationship to child:
(Father/Mother/Guardian) (Father/Mother/Guardian)

When completed please return this form in the prepaid envelope provided or to Admissions, Manchester High School for Girls, Grangethorpe Road, Manchester, M14 6HS, enclosing a copy of the candidate's passport and the non-refundable registration fee of £60.00. Cheques should be made payable to Manchester High School for Girls.