



REGISTRATION FOR SALE GRAMMAR SCHOOL ENTRANCE EXAM

Entrance Exam Saturday 3rd October 2009

Please return this form to:

The Admissions Officer, Sale Grammar School, Marsland Road, Sale, Cheshire, M33 3NH **as soon as possible**, but no later than Friday 4th September 2009, together with a **stamped addressed envelope for acknowledgement of the form**. Alternatively please supply your email address. Please complete this form in capital letters in either blue or black ink. If you have any queries about the form, please contact the Admissions Officer on 0161 972 3255.

REGISTRATION FORM

General Details

1. Surname of child _____ First Names _____

2. Date of Birth _____
(Date of birth must be between 1 September 1998 and 31 August 1999)

3. Home address _____
_____ Post Code _____

4. The Local Authority in which you reside i.e. Trafford, Manchester etc. _____

5. Name of Parent(s) or Carer(s) to whom correspondence should be addressed

6. Telephone numbers: Home _____ Work _____
Mobile _____ Email Address: _____

7. Name and address of present school attended _____

8. Does your child require any special arrangements? No Yes (If yes please give details)

9. Does your child have a medical condition/disability that the school needs to be aware of?
No Yes (If yes please complete the attached sheet)

For details of the oversubscription criteria and admissions policy please refer to the website www.salegrammar.co.uk or see point 4 in the attached information sheet.

I/We certify that the above information is correct and authorise Sale Grammar School to check any data in order to establish that the details given herein are accurate. I/We understand that a fraudulent application may lead to the withdrawal of a place.

Signed _____ Date _____

Please print name(s) _____