



FOUNDED IN 1487

STOCKPORT GRAMMAR JUNIOR SCHOOL NURSERY APPLICATION FOR ADMISSION IN SEPTEMBER

1.	Surname of your Child:	Male/Female
	First Names: (Please underline the name generally used)	
	Date of Birth:	Age on 1 st September 20...
	(e.g., for entry at 3+ children must be 3 by 1 st September of year of entry)	
	Please register my child for a full-time Nursery place	<input type="checkbox"/>
	Please register my child for a part-time Nursery place as follows: (minimum 6 sessions per week)	
	Monday a.m.	<input type="checkbox"/>
	Tuesday a.m.	<input type="checkbox"/>
	Wednesday a.m.	<input type="checkbox"/>
	Thursday a.m.	<input type="checkbox"/>
	Friday a.m.	<input type="checkbox"/>
	Monday p.m.	<input type="checkbox"/>
	Tuesday p.m.	<input type="checkbox"/>
	Wednesday p.m.	<input type="checkbox"/>
	Thursday p.m.	<input type="checkbox"/>
	Friday p.m.	<input type="checkbox"/>
2.	Father's Full Name:	Title:
	Address:	
	Occupation:	
	Daytime Telephone:	Evening Telephone:
3.	Mother's Full name:	Title:
	Address: (if different from the above)	
	Occupation:	
	Daytime Telephone:	Evening Telephone:
4.	Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.	
5.	Present Nursery:	Date of Entrance to Present Nursery:
	Address of Present Nursery:	Telephone:
		Contact:

Please Turn Over

5. Please say how you first heard of the School. Was it from:

- | | | |
|---|---|--|
| <input type="checkbox"/> Local Reputation | <input type="checkbox"/> Present School | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other (please give details) |

7. Please indicate any circumstances/conditions that might affect your child's progress at School (i.e. medical, specific learning difficulties):

Disabilities

Please indicate whether your child has any disabilities that may require special consideration.

.....
.....

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the terms and conditions will be supplied on request.

DECLARATION

(both parents must sign)

We request that the name of our above-named child be registered as a prospective pupil. **A cheque for the non-returnable registration fee of £35 is enclosed.** We understand that the terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Bursar, as the person responsible) may in accordance with the requirements of the Data Protection Act 1998 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:.....

Second Signature:

Name in full:.....

Name in full:.....

Relationship to child:.....

Relationship to child:

Date:.....

Date:

Please return the completed Application Form and £35 registration fee (cheques only, made payable to Stockport Grammar School), to the Headmaster's Secretary, Stockport Grammar Junior School, Buxton Road, Stockport SK2 7AF.

Stockport Grammar School: a company limited by guarantee.
Registered Address: Buxton Road, Stockport SK2 7AF. Registered No: 06261525 Registered Charity: 1120199