



SHREWSBURY HIGH PREP SCHOOL

G D S T

Application Form - Pre-Prep and Prep School

Details of Applicant

Surname: _____
Forename/s: _____ Preferred forename: _____
Date of Birth: _____ Ethnicity: _____
Nationality: _____ First Language: _____
Is English an additional Language Yes No
Address: _____
Postcode: _____ Proposed date of entry: _____
Please give details of any specific learning difficulties your child may have: _____

Current School

Name: _____
Address: _____
Headteacher: _____ Date Started: _____
Type of School: Independent State

Details of Parents/Guardian

Mother

Title & Surname: _____ Forename: _____
Address: _____
Postcode: _____
Profession: _____ Home Telephone: _____
Mobile Telephone: _____ Email: _____

Father

Title & Surname: _____ Forename: _____
Address: _____
Postcode: _____
Profession: _____ Home Telephone: _____
Mobile Telephone: _____ Email: _____

Details of any other person having Parental responsibility

Relationship to applicant: _____

Title & Surname: _____ Forename: _____

Address: _____

Postcode: _____

Profession: _____ Home Telephone: _____

Mobile Telephone: _____ Email: _____

How did you learn about the school?

- Advertisements in local newspapers
- Advertisements or entries in national guides or newspapers
- Through local knowledge
- At an exhibition
- Through a family connection or personal recommendation
- From the website
- Recommendation from current school

Why did you choose the school?

- You have another child at the school
- You attended the school or other family connections
- It has a good reputation
- It has a good academic record
- You liked the atmosphere when you visited the school
- The fees are competitive
- It is a GDST school
- Its pastoral care

Please tick all that apply

Are you applying to any other schools? Yes No

If yes, please list these schools _____

Please list names of family members who are attending or who have this school or another GDST school:

Name/Relationship to applicant	School	Dates
_____	_____	_____
_____	_____	_____

Please complete this form in BLOCK CAPITALS and return along with a copy of the applicant's birth certificate to: , Admissions Office, Shrewsbury High School, 32 Town Walls, Shrewsbury, SY1 1TN.

This form must be accompanied with a non-refundable registration fee of £100, payable by:

EITHER Cheque (made payable to Shrewsbury High School)

OR Bank Transfer

Natwest Bank

Account name: The Girls' Day School Trust - Shrewsbury High School | Account no: 24060690 | Sort Code: 60 04 04

Please quote your child's name as a reference

Signature: _____ Date: _____
Parent/Guardian

PLEASE NOTE:

IF AND WHEN A PLACE IS OFFERED AND ACCEPTED, YOU WILL BE REQUIRED TO ENTER INTO A CONTRACT WITH THE GIRLS' DAY SCHOOL TRUST.

For School Use - Copy of Birth Certificate received

Headteacher: Ms J Sharrock

32 Town Walls, Shrewsbury, SY1 1TN | 01743 494000 | enquiries@shr.gdst.net | www.shrewsburyhigh.gdst.net