



SHREWSBURY  
HIGH SCHOOL

G D S T  
GIRLS' DAY SCHOOL TRUST

## Application Form - Years 8, 9 and 10

### Details of Candidate

Surname: \_\_\_\_\_

Forename/s: \_\_\_\_\_ Preferred forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_

### Father

Title & Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Profession: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Details of any other person having Parental responsibility

Relationship to applicant: \_\_\_\_\_

Title & Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Profession: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ 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 Registrar, 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