



Admission to Stretford Grammar School



Registration Form to sit the Stretford Entrance Test on Saturday 10 October 2009 (Closing date for receipt of application forms 25 September 2009)

Please send to: The Admissions Officer, Stretford Grammar School, Granby Road, Stretford, Manchester, M32 8JB. Telephone: 0161 866 0130

1. Surname of Child _____ First Names _____ male / female

2. Date of Birth _____ Age at 1 September 2010 _____
(Date of Birth must be between 1 September 1998 and 31 August 1999)

3. Home Address _____

_____ Post Code _____

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

5. Tel N° (Home) _____ Work) _____ (Mobile) _____

E-Mail Address: _____

6. Name and address of present school attended _____

7. Does your child have a brother or sister who is currently attending Stretford Grammar School and who will still be attending the school next September? YES / NO

If yes, please give name and form _____

8. Local Education Authority for Home Address _____

Where did you hear about our examination? _____

9. Are two passport sized photographs enclosed? YES/NO

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

Signed _____ Date _____