



Pupil's surname				Forename (Please underline the name generally used)	
Date of birth			Male/Female	Nationality	
Year and term of entry				Board/Day	Religion/Denomination
Brothers and sisters at Wrekin College	Name(s)				
Full name, address and preferred title of Father	Title				Postcode
Occupation					
Telephone number	Home		Business		Mobile
E-mail address					
Full name, address and preferred title of Mother	Title				Postcode
Occupation					
Telephone number	Home		Business		Mobile
E-mail address					
Full name, address and preferred title of Legal Guardian(s) or any additional person whose consent should be obtained to the child coming to the School (if applicable).					
Occupation					
Telephone number	Home		Business		Mobile
E-mail address					
Please say how you first heard of Wrekin College	Local Reputation <input type="checkbox"/> Friends <input type="checkbox"/> Present School <input type="checkbox"/> Old Wrekinian <input type="checkbox"/> Other (please give details)				
Please state any connection with the school					
Name of Headteacher and address of present school and time at present school					
Have you registered or do you intend to register the child at any other school?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
SIXTH FORM APPLICANTS ONLY	GCSE examinations being taken:			Preferred AS and A level subjects:	

## DISABILITY NOTIFICATION

According to the Disability Act 2001, a disabled person is defined as someone who has a physical or mental impairment, which has an effect on his or her ability to carry out normal day-to-day activities. The effect must be substantial (that is more than minor or trivial) long-term (that is, has lasted or is likely to last for at least a year or for the rest of the life of the person affected); and adverse.

Is the prospective pupil a disabled person within the meaning of the Disability Act 2001? This may include severe dyslexia.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please give details of the disability, together with any requirements for special facilities or care, or any special arrangements required for taking the entrance examination.		

**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 Standard Terms and Conditions will be supplied on request.

## PARENTS DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the registration fee of £100 payable to Wrekin College is enclosed. We understand that the standard 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 Headmaster, as the person responsible) may 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. We understand that acceptance of the registration by the school does not constitute the offer of a place.

Each parent must sign and PRINT name.

**Father's signature:** ..... **Mother's signature:** .....

Name in full: ..... Name in full: .....

Date: ..... Date: .....

**If applicable, the signatures of Step-parent(s) / Legal Guardian(s)**

**Signature:** ..... **Signature:** .....

Relationship to pupil: ..... Relationship to pupil: .....

Date: ..... Date: .....

Please return this Application Form with your cheque made payable to WREKIN COLLEGE for the registration fee of £100 to:  
 The Registrar, Admissions Department, Wrekin College, Wellington, Shropshire TF1 3BH.