



Pupil Surname		Pupil Forename(s) <small>Please indicate name generally used</small>	
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Date of Birth		Nationality (British/EU/Other)	
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Proposed Entry Date: (Term & Year)		Year Group:	
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Parent 1 Title & Full Name			
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Address	-----		
	----- Postcode -----		

Telephone (Home)		Email	
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Telephone (Mobile)		Occupation	
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Parent 2 Title & Full Name			
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Address	-----		
	----- Postcode -----		

Telephone (Home)		Email	
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Telephone (Mobile)		Occupation	
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If an 'Old Girl' please give the dates you attended EHS and your maiden name	Dates	Maiden Name
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Daughter lives with...	Parent 1 <input type="checkbox"/>	Parent 2 <input type="checkbox"/>	Both <input type="checkbox"/>
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Before ticking the boxes below please visit our website for application closing dates

Please choose from one of the following options:

1. 3 A Levels Tick <input type="checkbox"/>	2. 4 A levels Tick <input type="checkbox"/>	3. 3 A Levels & Extended Project Qualification Tick <input type="checkbox"/>	4. 3 A Levels & Core Mathematics Tick <input type="checkbox"/>
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Please indicate your three/four A Level choices:

1	2	3	4
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I would like to be entered for a Sixth Form Subject Scholarship

Please give further details of the subject

I would like to receive an application form to apply for the Sixth Form Music Scholarship

I wish to receive an application form to apply for a means-tested bursary for Sixth Form

Name of Present School		Dates attended	
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Address _____
_____ Postcode _____

Telephone		Email	
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Name of Present Head Teacher	
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State of Health Please provide details of any medical condition, disability or allergies	
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Special Educational Needs-if applicable please provide an Educational Psychologist's Report - not more than 2 years old	
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Any special circumstances/information that should be known in the interests of the student	
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Please state what first made you consider choosing Edgbaston High School for your daughter (please tick)

Personal recommendation

Recommendation from present school

Relative educated here (if yes, please give name and year group)

Advertisement (where?)

Website

Other (please state)

Parents/Guardians should sign the completed form. *I/We hereby apply for the admission to Edgbaston High School of *my/our daughter. *please delete as applicable

Signature of Parent(s)/Guardian(s) - both to sign where appropriate

(Parent 1)	(Parent 2)
<input type="text"/>	<input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

If you wish to register your daughter for admission, please complete and return this form with a cheque for the Registration Fee of £75 made payable to 'Edgbaston High School'. Alternatively contact the Bursary Office on 0121 454 5831 to make a payment by debit/credit card. The registration fee covers administration costs and is non-refundable.

Enclosures with this form (tick) Registration Fee £75 Educational Psychologist's Report

Please save and return the completed form to admissions@edgbastonhigh.co.uk

Please note that by completing the form you consent to your data being held on our school admissions system. We may occasionally contact you to inform you of upcoming events that would be relevant to your daughter. At no time will your data be passed to any external or third parties. Consent can be withdrawn at any time by emailing admissions@edgbastonhigh.co.uk