

SENIOR APPLICATION FORM PLEASE WRITE IN BLOCK CAPITALS

Should you require any assistance in applying to Hulme Grammar School, please contact our Admissions Officer, who will be happy to assist. Please complete and return this form, with accompanying documents, as per the instructions detailed below.

School Telephone Number: Dates attended from and to:

Pupil Information						
Proposed Term and Ye	ar of Entry:					
Surname:						
Forename(s) in full:						
Preferred name:						
Address						
		Postcode				
Date of Birth:						
Nationality:			Does the pupil hold a passport? If so, from which country?			
If English is not the pupil's first language, please specify:						
Religion:						
Parent/Guardian 1 Parent/Guardian 1	Title:	First Na Work Te		t Name:	Occupation:	
Contact details:	tails: Home Tel:		I: Mob	oile:	Email:	
Address if different from pupil:		<u> </u>			.I	
Parent/Guardian 2	Title:	First Na	me: Last	t Name:	Occupation:	
Contact details:	Home Tel:	Work Te	I: Mob	oile:	Email:	
Address if different from pupil:		I	- I			
Current School (pleas	e provide a co	opy of the pupil	's most recent r	eport with th	is application)	
Name of School:					•	
Name of Headteacher:						
School Address:						

Does the pupil have family links with the School (e.g. other members of the family attending)? If YES, please give further details:						
Please give any details of any specific learning difficulties, specific learning needs or disabilities. Please disclose any diagnosed SEND issues requiring additional support or access arrangements at the point of application, to ensure that the necessary provision can be put in place for the entrance exam/assessment day (as applicable):						
Please provide details of any medical conditions, including allergies or intolerances.						
Does the pupil have any special dietary requirements? If YES, please specify:						
Do you have joint or sole parental responsibility for the pupil?						
Parent's/Guardian's signature:						
Name in full:						
Date of signature:						

To complete your child's registration for the entrance exam, please make a non-returnable payment of £50 to cover administration and examination costs. This can be made by bank transfer to the below account with this application form. Registration for the examination without payment of this fee is not possible.

Please return this form to our Admissions Officer (contact details below), along with a copy of the pupil's most recent school report, their passport and full birth certificate, SEND report (if applicable) and any other information you feel may be relevant to this application.

Return to: Mrs Sarah Summers Admissions Officer Hulme Grammar School Chamber Road, Oldham, OL8 4BX

Email: admissions@hulmegrammar.org

Tel: 0161 630 6232

Bank details for transfer of £50 registration fee: Name of account: Oldham Hulme Grammar Schools

Sort code: 40-35-26

Account number: 81682768

Reference: Please use the pupil's name so we can match your

payment to your child

For Office Use Only Date Received:

Fee: Cash/Cheque/Bank Transfer

Initials: