Application Form
The Gregg Prep

To register your child for a Trial Day, please complete this form in BLOCK CAPITALS and return it to the school together with a copy of your child's latest school report and Student Support information (if applicable).

Child Details:

Surname:	First Name:	Other Names:
Name of Sibling at The Gregg School:	Gender:	Date of Birth:
Address:		Postcode:
Present School:	Headteacher:	Current Year Group:
Address of School:		
Nationality:	Ethnic Origin:	Religion:
Language Spoken at Home:	Other Languages:	

Proposed Admission Year group: Year............................ | Proposed Admission Date: Autumn 20............ Spring 20............ Summer 20.............

Does your child currently receive, or would benefit from, additional support or adaptations for medical, emotional or learning needs? **Y / N**
If yes, please give details:

Parent's/Guardian's details - Priority 1 (address for main communication):

Mr Mrs Miss Other (please state):	First Name:	Surname:
Relationship to Child:	Occupation:	Work Tel:
Address (if details different to above):		Postcode:
Email:	Home Tel:	Mobile Tel:

Parent's/Guardian's details - Priority 2 (please tick here ☐ if you would like dual Priority 1 for communication):

Mr Mrs Miss Other (please state):	First Name:	Surname:
Relationship to Child:	Occupation:	Work Tel:
Address (if details different to above):		Postcode:
Email:	Home Tel:	Mobile Tel:

The School may retain sensitive data on the School database in order to administer its selection procedures and enrolments. The Gregg School Privacy Policy can be found at www.thegreggschool.org under Policies.

We consent to the processing of our child's personal data for these purposes. ☐ *please tick*

As part of the enrolment process, we consent to the School requesting a reference from our child's current school. ☐ *please tick*

Please note failure to disclose relevant information may result in your application being withdrawn.

I would like my child to attend a Trial Day:

Print Name:...Signed...Date................................

Relationship to child... ☐ *I enclose the £100 payment*   ☐ *I have transferred £100 by BACS*

You can pay by cash, cheque or BACS to **Nat West Bank, Account Number 81988796, Sort Code 60-20-03.** Please quote your child's surname as the payment reference.