



Pupil Surname		Pupil Forename(s) <small>Please indicate name generally used</small>	
Date of Birth		Nationality (British/EU/Other)	
Proposed Entry Date: (Term & Year)		Year Group:	
Parent 1 Title & Full Name			
Relationship to Child			
Address ----- ----- Postcode -----			
Telephone (Home)		Email	
Telephone (Mobile)		Occupation	
Parent 2 Title & Full Name			
Relationship to Child			
Address ----- ----- Postcode -----			
Telephone (Home)		Email	
Telephone (Mobile)		Occupation	
If an 'Old Girl' please give the dates you attended EHS and your maiden name	Dates Maiden Name		
Daughter lives with...	Parent 1 <input type="checkbox"/>	Parent 2 <input type="checkbox"/>	Both <input type="checkbox"/>
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step-parent. Their consent to the child attending the school will be required if an offer is made.			

Before ticking the boxes below please visit our website for application closing dates

I would like to receive an application form to apply for the Martineau Music Scholarship for Year 7 (girls must be Grade 5 minimum) ☐

I would like to receive an application form to apply for a means-tested bursary for Year 7 ☐

Please note that all girls sitting the exam for entry to Year 7 are automatically considered for an academic scholarship, there is no need to make a separate application

Continued overleaf

Name of Present School		Dates attended	
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Address _____

 _____ Postcode _____

Telephone		Email	
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Name of Present Head Teacher	
State of Health Please provide details of any medical condition, disability or allergies	
Special Educational Needs-if applicable please provide an Educational Psychologist's Report - not more than 2 years old	
Any special circumstances/information that should be known in the interests of the pupil	

Please state what first made you consider choosing Edgbaston High School for your daughter (please tick)

☐ Personal recommendation
☐ Recommendation from present school
☐ Sibling 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)

Date

(Parent 2)

Date

If you wish to register your daughter for admission, please complete and return this form with a cheque for their 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