

Queen Elizabeth Grammar School Penrith



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QUEEN ELIZABETH GRAMMAR SCHOOL, PENRITH

APPLICATION FOR IN YEAR ADMISSION

Surname	Forenames
Date of Birth	Gender
Current School	
Child's Home Address	Correspondence Address if different
Daytime telephone no.	Mobile telephone no.
Email Address	

My child has taken Cognitive Ability Tests (CAT4) at their current school within the previous 12 months of this application and I enclose a copy of their results. (Test results will be verified independently by the current school)	Y / N
My child has not taken Cognitive Ability Tests (CAT4) at their current school within the previous 12 months of this application and would like to be tested at the next opportunity.	Y / N
My child is in the care of the a Local Authority, or has been in the care of a Local Authority in the past before being adopted or becoming subject to a child arrangements order, or special guardianship order. (Please provide evidence)	Y / N
My child is eligible for Pupil Premium or Service Premium. (Please provide evidence)	Y / N
I give permission for the information above to be securely stored by Queen Elizabeth Grammar School for admission purposes.	Y / N

Name of Parent/Guardian(s)		
Title	First Name	Surname
Signed		Date