



# Queen Elizabeth Grammar School Penrith

Ullswater Road, Penrith, Cumbria CA11 7EG

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Headteacher: Mr D Marchant BA (Hons)NPQH

## APPLICATION FOR IN-YEAR ADMISSION

Surname	Forenames
Date of Birth	Gender
Current School	
Current Year Group	
Child's Home Address	Correspondence Address if different
Reason for Application:	
Is your child new to the UK?	Y / N
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 has a sibling enrolled at Queen Elizabeth Grammar School, Penrith. (If Yes: Name _____ Year _____)	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

Parent Title	Parent First Name	Parent Surname
Parent Daytime telephone no:		Parent Mobile telephone no:
Parent Email Address		
Signed		Date