



DR CHALLONER'S GRAMMAR SCHOOL

LATE TRANSFER FORM

Important Note : Please refer to Section 3 of the Admissions Policy (available for download via the school website) before completing this form.

Student Information

First Name: Surname:
Middle Name: Date of Birth:
Address:
..... Post Code:
Home Tel No.:

Parent/Guardian

Parent/Guardian Name:
Address (If different from student):
..... Post Code..... Home Tel No.....
Mobile No:..... Email Address:.....

Current School

School Name:
Address:
..... Post Code:
Telephone No.: Current Academic School Year

Previous Testing

If the student has taken part in the 11+ testing process please give details of date/s and score/s.

Special Education Needs

Does your son have any Special Educational Needs (SEN) Yes No
Do you believe your son to be disabled within terms of the Disability Discrimination Act: Yes No
If 'Yes' please give details in either case:

Information Required

Please ensure your send the following information with your application:

1. Most recent academic school report
2. Copy of the student's Key Stage 2 results
3. Proof of residence at current address if in catchment area (copy of utility bill or equivalent)

Signature

Parent/Guardian Signature..... Date:.....
Print Name (capitals please):.....

***Please return completed form along with requested documentation to
The Administration Manager c/o the school by 9th January 2012.***