



glue
photograph
here

Please complete this form in BLOCK CAPITALS using black ink

Pupil Information

SURNAME/FAMILY NAME:

FIRST/GIVEN NAME(S):

(underline the name you preferred to be called)

PROPOSED YEAR GROUP *(please tick)*:

7

8

9

10

L6

BOARDING REQUIREMENTS *(please tick)*:

Full

Weekly

Flexi

None

PROPOSED DATE OF ENTRY TO SCHOOL:

DATE OF BIRTH *(dd/mm/yy)*: / / NATIONALITY:

FIRST LANGUAGE:

RELIGION *(if applicable)*:

HOME ADDRESS:

POSTCODE:

PRESENT SCHOOL:

ADDRESS:

POSTCODE:

TELEPHONE:

EMAIL:

NAME OF HEADTEACHER:

PREVIOUS SCHOOLS ATTENDED:

FROM:

TO:

For Office Use Only

EXAM

DATE

MARKED BY

SCORE

COMMENT

Parent Information

FATHER'S FULL NAME:

HOME ADDRESS:

(if different from pupil's)

POSTCODE:

HOME TELEPHONE:

MOBILE:

EMAIL:

OCCUPATION:

OFFICE TELEPHONE:

MOTHER'S FULL NAME:

HOME ADDRESS:

(if different from above)

POSTCODE:

HOME TELEPHONE:

MOBILE:

EMAIL:

OCCUPATION:

OFFICE TELEPHONE:

Please provide details below of any previous or existing family connections with St Mary's:

Please complete the following if it is applicable:

GUARDIAN'S FULL NAME:

ADDRESS:

POSTCODE:

HOME TELEPHONE:

MOBILE:

EMAIL:

OCCUPATION:

OFFICE TELEPHONE:

Sixth Form Applicants must pass this form on to their Headteacher, who should also be asked to complete the estimated grades section on the previous page.

	EXCELLENT	GOOD	FAIR	POOR	COMMENT
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CONDUCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are the Applicant's AS subject choices appropriate?

Are there any aspects of the Applicant's health you feel ought to be brought to our notice?

Please give below any additional information which you feel would be helpful in considering this application:

SIGNATURE: _____

DATE: _____

Please indicate how you know about our School (*tick any reasons which apply*)

- | | |
|--|---|
| <input type="checkbox"/> LOCAL REPUTATION | <input type="checkbox"/> FAMILY CONNECTIONS |
| <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> WEBSITE |
| <input type="checkbox"/> FRIEND/NEIGHBOUR | <input type="checkbox"/> ISIS |
| <input type="checkbox"/> PUBLISHED DIRECTORY | <input type="checkbox"/> CURRENT SCHOOL |

Did you attend any of the following?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> FUN WORKSHOP | <input type="checkbox"/> OPEN MORNING |
|---------------------------------------|---------------------------------------|

SIGNATURE OF FATHER/GUARDIAN: _____

DATE: _____

SIGNATURE OF MOTHER/GUARDIAN: _____

DATE: _____

A CHARGE OF £75 IS MADE FOR REGISTRATION.

PLEASE MAKE YOUR CHEQUE PAYABLE TO "ST MARY'S SCHOOL".

This fee, which is not refundable, covers not only the administration of the application, but also the costs associated with interview and assessment.

**Please send this completed form, together with the registration fee, to:
The Registrar, St Mary's School, Cambridge CB2 1LY**

Data Protection: The pupil's and parents' personal data will be stored and processed by the School and may be disclosed by the School to related third parties in order to facilitate the running of the School. The parents hereby expressly consent to all such storing, processing and disclosure. The School shall comply with all relevant data protection legislation in connection with such data.