



Application for Registration and Entrance Examination/Assessment to Sheffield High School

Please complete this form in BLOCK CAPITALS and return it to the school together with a non-returnable Registration Fee of £35 (cheques made payable to Sheffield High School). The registration fee is not required for Sixth Form applicants.

Details of Child

Surname _____ Date of Birth _____

Forename(s) _____ Preferred Forename _____

Address _____

Telephone (home) _____

Nationality _____
(NB If and when a place is offered, evidence of a valid visa will be required for all candidates who are not UK residents or residents of the EEA or Switzerland)

Preferred year and term of entry _____

Details of Parents/Guardian

Name & Title _____ Name & Title _____

Relationship to pupil _____ Relationship to pupil _____

Address _____ Address _____

Telephone (home) _____ Telephone (home) _____

Mobile _____ Mobile _____

Email address _____ Email address _____

Occupation _____ Occupation _____

Telephone (work) _____ Telephone (work) _____

Please list names of any family members who are attending or have previously attended Sheffield High School or another GDST school

Name and relationship to candidate _____ School & dates of attendance _____

The GDST Scholarship & Bursary Scheme (for candidates entering the Senior School only)

Bursaries are means tested and may be awarded to families that require financial assistance.

Do you wish to apply for a bursary? YES/NO

Do you wish to apply for a Music Scholarship? YES/NO

Academic scholarships are awarded on merit and all 11+ candidates are automatically considered for an award. They may be invited for interview after the Entrance Examination

Present School (from whom a reference will be sought)

Name _____

Address _____

Telephone Number _____

Name of Head _____

Type of School _____
(Independent/State)

Date started _____

Are you applying to any other schools? If YES, please list names

Previous Schools (if any) (from whom a reference may be sought)

Name _____

Address _____

Telephone Number _____

Name of Head _____

Type of School _____
(Independent/State)

Dates of attendance From _____ To _____

Does your daughter have any special educational needs or disabilities which require any special arrangements to be made in respect of the assessment process? If so, please contact the School Admissions.

(A disability is a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities)

Please provide details of languages spoken at home other than English _____

How did you learn about the school? (e.g. through local reputation, present school, family connection, friends, advertisements in local/national newspapers or magazines, school guides, internet search.

other – please specify _____

Signature _____

Date _____

Please note that if and when a place is offered and accepted you will be required to complete and sign the GDST's acceptance form/terms and conditions which will constitute a formal contract between yourselves and The Girls' Day School Trust.

We would like to hold the information contained on this form for the purpose of conducting our own internal market research and for providing you with information on the school, and on events and other activities at the school, which we believe may be of particular interest to you. We confirm that this information will not be shared with or divulged to any body or person outside Sheffield High School or The Girls' Day School Trust (GDST). Please tick the box if you do NOT wish us to use this information for the purposes stated above.

For office use only:

Registration fee paid

Bursary form sent