



WREKIN

REGISTRATION FORM

Please complete this form in as much detail as possible.
We need this information to be able to process your application for place for your child.

Pupil's surname*					Forename* (Please underline the name generally used)		
Date of birth*	dd	mm	yy	M/F	Nationality*		
Year and term of entry*					Religion/Denomination		
Place	Day / Flexi boarding / weekly boarding / full boarding						
School year place	First Form		Third Form		Sixth Form	Other	
Full name, address and preferred title of first signatory	Title					Postcode	
Relationship to child							
Occupation*							
Employer's Business name and address							
Telephone number	Home			Business		Mobile	
E-mail address*							
Full name, address and preferred title of second signatory	Title					Postcode	
Relationship to child*							
Occupation*							
Employer's Business name and address							
Telephone number	Home			Business		Mobile	
E-mail address							
Please provide the name and address of any other person with a parental responsibility for the above named child. i.e. legal guardian					Postcode		
Telephone number	Home			Business		Mobile	
E-mail address*							
If someone other than the first and second signatories is to pay the school fees for your child please provide below their full name and address and their relationship to the child.							

Please say how you first heard of Wrekin College*	Local Reputation <input type="checkbox"/> Friends <input type="checkbox"/> Present School <input type="checkbox"/> Old Wrekinian <input type="checkbox"/> Other (please give details)	
Please state any connection with the school including siblings at Wrekin Prep*		
Name, address and website address of present school and time at present school*		
Name of Headteacher*		
Have you registered or do you intend to register the child at any other school?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIXTH FORM APPLICANTS ONLY	(i)GCSE examinations being taken:	Preferred A level /BTEC subjects:

NOTES

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's *Terms and Conditions* will be supplied on request.

HOW WE WILL USE THE INFORMATION PROVIDED IN THIS FORM

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

For example:

- we may contact your child's current or previous school to ask for a reference;
- we may contact other people with parental responsibility to check that they consent to your child joining the School;
- we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. For more information about how the School will use your information, and your child's information, please see our privacy notice. This document is published on the School's website: www.wrekinoldhall.com

DECLARATION

I / We request that our child named above is registered as a prospective pupil.

I / We have paid by bank transfer */ credit card */ debit card */ before returning this completed Registration Form duly signed by me / us.

Or enclose a cheque for the non-refundable **Registration Fee of £120**

(* -Please delete as applicable)

Wrekin College Account Number 90988553 (please use account name The Wrekin Old Hall Trust)

Sort Code 20-03-50. IBAN code: GB71 BARC 2003 5090 9885 53. SWIFTBIC Code: BARCGB22

International payments can be made by Flywire: wrekincollege.flywire.com

DISABILITY NOTIFICATION

January 2025

Please complete the attached Confidential Information Form, if applicable, in order to assist us with making any special arrangement required for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place.

SIGNATURES

First Signatory Second Signatory

Name in full: Name in full:

Date: Date:

If applicable, the signatures of Step-parent(s) / Legal Guardian(s)

Signature: Signature:

Name in full: Name in full:

Date: Date:

Please return this Registration Form to: The Admissions Department, Wrekin College, Wellington, Shropshire TF1 3BH.
or email to: admissions@wrekincollege.com

Wrekin College T: + 44 (0) 1952 265603 E: admissions@wrekincollege.com www.wrekincollege.com
The Wrekin Old Hall Trust Limited Company Registration No. 172472