



We are delighted that you have chosen Wisbech Grammar School for your child's Kindergarten. Please complete the following information which we will use to consider your session requirements.

Child's Details

Name: _____ Gender: _____

Date of Birth: _____ Term and Year of start: _____

Details of Parents/Guardians

Name: _____ Relationship to Child: _____ Mobile: _____

Name: _____ Relationship to Child: _____ Mobile: _____

Email: _____

Home Address: _____

Session requirements		Mon	Tue	Wed	Thur	Fri
Morning only	0830 - 1230					
Full day	0830 - 1610					
Extended day	0745 - 1730					

Signature

Signed: _____ Date: _____

Printed Name: _____

Information on Completion

- Please sign, print and date as indicated.
- Please return this form to the Admissions Department at the following address:
Wisbech Grammar School, Chapel Road, Wisbech, Cambridgeshire, PE13 1RH
- The School will contact you to confirm your sessions and start the registration process.

For office use only:

Admissions enquiry received		Confirmation of reservation sent		Age at start	
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