



**WALLINGTON**  
COUNTY GRAMMAR SCHOOL

Croydon Road,  
Wallington  
Surrey SM6 7PH  
Tel: 0208 647 2235  
Email: admissions-wcgs@suttonlea.org  
Website: www.wcgs.org.uk  
DCSF No: 319 5407

# Supplementary Form

to apply to sit the Entrance Examination for entry in September 2010

(Please complete ALL sections)

## General Information:

Surname:			
Forename:			
Middle Name(s):			
Date of Birth:	Day	Month	Year

The normal age range for September 2010 entry is between 1<sup>st</sup> September 1998 to 31<sup>st</sup> August 1999.

## Permanent address of child: (all correspondence will be sent to this address)

Address	Paste photo here or if sending form electronically email as an attachment
Postcode	

## Parents/Guardians:

To whom would you like all correspondence addressed: e.g. Mr. & Mrs. J. Smith	
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## Contact Details:

### Parent/Guardian:

Title:	Forename:	Surname:
Telephone Home:	Mobile Number:	
Telephone Work:	Email:	

### Parent/Guardian:

Title:	Forename:	Surname:
Telephone Home:	Mobile Number:	
Telephone Work:	Email:	

Please turn over and complete the information on the reverse of this form.

**Details of present school:**

Name of School:	Address of School:
Name of Headteacher:	
Telephone Number:	
Date of Entry:	Postcode:

**Local Authority:**

Please name the Local Authority to which you pay council tax:	
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**Admissions Criteria**

The School admits 120 boys on the basis of their ability.

Boys will be regarded as of selective ability according to their performance in the selection tests established by the school.

- a) Pupils who have reached the pass mark who are Looked After Children, then those who have medical or social grounds for admission supported by appropriate professional evidence.
- b) In rank order of performance.

**Special Arrangements & Reasons for Consideration:**

The admissions criteria give consideration to pupils who are Looked After Children, then those who have medical or social grounds. Please give details here. **You must also attach appropriate professional evidence to this form.**

Please state if there are any special arrangements necessary for the proper conduct of the test. For example, a hearing or sight problem or any disabilities or difficulties with mobility. Please give details here. **You must also attach appropriate professional evidence to this form.**

**Test Arrangements: Saturday, 19<sup>th</sup> September 2009. Important – note this date in your diary.**

Please return this form either by post or email to Wallington County Grammar School by Friday, 11<sup>th</sup> September 2009.

**If you fold and send in a small envelope a 1<sup>st</sup> class stamp will suffice 39p. If you use an A4 envelope you must use a large 1<sup>st</sup> class or 61p stamp. The post office will not deliver underpaid mail. Second class postage, 30p small or 47p large.**

The test arrangements will be sent by return of post upon receipt of this form.

The entrance examination will take place on **Saturday, 19<sup>th</sup> September 2009.**

Results will be sent by 1<sup>st</sup> class post on Friday, 9<sup>th</sup> October 2009.

LATE applications will be allocated a test date in Autumn Term and will not be informed of results until March 2010.

Please note that success in the examination does not automatically mean that a place will be offered in March.

Please also note that this is a request for your son to be tested and not an application for a place at the School. Applications for secondary school places must be made through your own Local Authority using the Common Application Form, or regardless of where you live, on-line at [www.sutton.gov.uk/education/admissions](http://www.sutton.gov.uk/education/admissions).

**Declaration:**

I declare that the information given on this supplementary form is correct to the best of my knowledge and belief, and I will notify the school, in writing, of any changes. I understand the school may take steps to verify the information given in this form, and that any misinformation may result in the withdrawal of an offer of a place.

Signed:	Date:
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