



THE GREY COAT HOSPITAL WESTMINSTER

Headteacher Siân Maddrell

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IDENTIFICATION FORM FOR APPLICANTS APPLYING FOR ENTRY INTO YEAR 7 IN SEPTEMBER 2018. PLEASE RETURN WITH YOUR SUPPLEMENTARY FORM

Please attach
photograph with glue.

PLEASE WRITE IN CAPITAL LETTERS:

Daughter's Surname: _____

(As written on Your PAN LONDON list of schools form)

Daughter's First Name: _____

Daughter's Date of Birth: _____

Daughter's Current Primary School: _____

Address of Current Primary School: _____

Postcode of Current Primary School: _____ **Borough of school** _____

Please attach a passport sized photograph of your daughter with her name and date of birth on the back.

The photograph will be used for identification purposes for the Assessment Test only to be held at The Grey Coat Hospital, St Michael's Building, 98 Regency Street, London, SW1P 4GH On **TUESDAY 28th November 2017**

