



THE GREY COAT HOSPITAL WESTMINSTER

St Andrew's
Greycoat Place, London SW1P 2DY
Tel: 020 7969 1998
Fax: 020 7828 2697

St Michael's
98 Regency Street, London SW1P 4GH
Tel: 020 7969 1950
Fax: 020 7592 9633

Email: info@gch.org.uk

IDENTIFICATION FORM FOR APPLICANTS APPLYING FOR ENTRY INTO YEAR 7 IN SEPTEMBER 2020. PLEASE RETURN WITH YOUR SUPPLEMENTARY FORM

Attach photograph
No staples please

PLEASE WRITE IN CAPITAL LETTERS:

Daughter's Surname: _____

(This MUST be exactly the same as written on your PAN LONDON list of schools application form please.)

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 **GLUE** a passport sized photograph of your daughter with her name and date of birth on the back. No staples thank you.

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 3rd December 2019**

