

For School Use Only	
Year of Entry	Exam
Exam No	MD
Ar	Sp
Mu	TA
Ac	EAP



SOLIHULL

REGISTRATION FORM

Candidate's Details

Surname:		Affix Photograph here
Forenames:		
Preferred first name: (This will be used in all correspondence)		
Date of Birth:		
First language:		
Religion:		
Gender: (Please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Proposed year group & year of entry eg Year 7, 2021:		

Please provide details of any medical conditions, health problems or allergies affecting your child.

Please provide details of any Special Education Needs and/or disability, also details of any support he/she currently receive and/or any social, emotional and mental health difficulties he/she may have. Please enclose any relevant EHCP, formal report and/or assessment including details of normal way of working at school.

Details of All Custodial Parent(s) or Guardian(s)

	Parent/Guardian 1	Parent/Guardian 2
Title:		
Surname:		
First name:		
Relationship to child:		
Address:		
Home telephone number:		
Mobile telephone number:		
Email:		
Occupation:		

If parents are not living together, please indicate who the candidate is living with: Parent 1 Parent 2

Education

Candidate's current school:	
Name of Head Teacher with title:	
Contact email address:	Address of school:
Telephone Number:	

Scholarships for 11+ (Year 7)

If the candidate would like to be considered for one or more of the following scholarships please indicate below. More information and full criteria for Scholarship eligibility is available on the website. Please download the relevant Scholarship application form and return it alongside this registration form.

Art Music, Choral and Organ Sport

Please note all candidates are automatically considered for an academic scholarship.

13+ (Year 9) and 14+ (Year 10) Entrance Exam

Please indicate preferred choice of Modern Foreign Language for the entrance examination

French German Spanish

Scholarships for Sixth Form Candidates

If the candidate would like to be considered for one or more of the following scholarships please indicate below. More information and full criteria for Scholarship eligibility is available on the website. Please download the relevant Scholarship application form and return it alongside this registration form.

Academic

Sport Theatre Arts Music, Choral & Organ

Further Details

Has the candidate previously sat a Solihull School Entrance Examination? No Yes Year: _____

How did you hear about Solihull School?

Open Day Newspaper Sibling(s) at school: _____
Tour Word of Mouth Employee(s)/Governors: _____
Website Social Media Relative(s) Past Pupils: _____

Other: _____

I enclose :

A photocopy of the candidate's birth certificate
A passport photograph of the candidate (attached to the front of this form)
Registration fee of £75 (non refundable, cheques made payable to Solihull School)
If applying for a scholarship(s), all relevant application forms

Closing dates for registration can be found on the Admissions pages of the website: www.solsch.org.uk

Please keep the Head of the candidate's current school fully informed of plans to apply for entry to Solihull School. The school will ask for a confidential report from the candidate's current school as this will form part of our assessment.

Signature of parent or guardian:

Date:

Any postal correspondence will be sent to parent(s) at the candidate's home address unless otherwise agreed.
E-mail correspondence will be sent to the e-mail address(es) provided on the front page of this form (up to a maximum of two).

Please return completed Registration Forms to:
Admissions Registrar, Solihull School, Warwick Road, Solihull, B91 3DJ Tel: 0121 705 4273