



Wolverhampton Girls' High School

"Ludus Supra Praemium"

Academy Trust Company Number: 8918836

Tettenhall Road, Wolverhampton, WV6 0BY Telephone: 01902 551 515

Email: enquiries@wghs.org.uk Web: www.wghs.org.uk

Headteacher: Mrs Trudi Young BA Hons, PGCE, NPQH

Developing happy, confident and resilient young women

In Year Admission Registration Form for the School Year 2025-2026

Parents should note that a student can only request to take an In-Year Transfer Test to join a specific school year group once, in any academic year.

Please note that the sole purpose of this Registration Form is to register your daughter for this school's entrance test.

Please complete this Registration Form if you would like to enter your daughter for the In-Year Entrance Test and return it to Wolverhampton Girls' High School by post or to admissions@wghs.org.uk.

Candidate Details	
Surname (Family Name):	
First Name:	
Middle Name:	
Date of Birth:	
Home Address (where your daughter normally resided on weekdays and nights):	
Postcode	
Pupil Premium – Is your daughter classified as Pupil Premium by her current school?	
Y / N (Please circle)	
Parent/Guardian Information	
First Parent Title:	Mr/Mrs/Miss/Ms/Dr, etc. (Please circle)
First Parent Initial:	
First Parent Surname:	
Relationship to Candidate:	
First Parent Home Telephone Number:	
First Parent Email Address:	

Parent/Guardian Information	
Second Parent or Guardian Title:	Mr/Mrs/Miss/Ms/Dr, etc. (Please circle)
Second Parent Initial:	
Second Parent Surname:	
School Information:	
Name of Present School:	
Present School Postal Address:	
Postcode:	
Has your daughter taken the entrance test at this school previously?	YES/NO (Please circle)
If YES, in what academic year?	
Special Arrangements:	
Parents who consider their daughter has a disability under the terms of the Equality Act 2010 and/or a special educational need which would disadvantage her in the admissions process will need to complete a Special Arrangements Form. Any request will only be considered with a completed Special Arrangements Form, returned to the school with supporting evidence from third parties i.e., doctor, specialist consultant, Local Authority, etc. All information must be submitted well before the testing date so that consideration can be given to any special arrangements or reasonable adjustments.	
Declarations:	(Please circle)
I confirm that I have read and understood and agree to the WGHS In-Year Admissions Policy for the academic year 2025-2026.	YES/NO
I declare that all the information given on this form is correct and true and I understand that the inclusion of false information disqualifies the registration.	YES/NO
I/We grant permission of the personal data that we have supplied to be shared with approved Data Processors, Test Providers and other Admissions Authorities performing similar testing for any reason deemed necessary. At all times Data Processors, Test Providers and other Admission Authorities agree to treat all personal data strictly in accordance with the Data Protection regulations currently in force.	YES/NO
Signature of Parent/Guardian: Date:	