

Option Choices for Sixth Form (Application)

South Wilts Grammar School

Stratford Road, Salisbury SP1 3JJ Tel: (01722) 323326

Email: sixthform@swgs.wilts.sch.uk

Please fill in all information clearly, using block capitals



office

system

options

First name:	Middle Name(s):	Surname:
Date of birth:		
Home address:	Email:	
Postcode:	Home Tel No: (inc. code):	
	Mobile No:	

Parents'/Guardians' Contact Information

Please indicate priority in which contacts should be telephoned in the case of emergency / illness

Priority Contact 1	Miss Mrs Ms Mr Other
Relationship to student	
Address (if different from the student's)	
Home telephone number	priority 1 2 3
Mobile telephone number	priority 1 2 3
Work telephone number (if applicable)	priority 1 2 3

Parent/ guardian email address (to which school correspondence can be sent via our school communication system)	<u>Important – most documents are only sent via e-mail</u>
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Priority Contact 2 (Optional)	Miss Mrs Ms Mr Other
Relationship to student	
Address (if different from the student's)	
Home telephone number	priority 1 2 3
Mobile telephone number	priority 1 2 3
Work telephone number (if applicable)	priority 1 2 3

