

CEDARWOOD SCHOOL ADMISSION ENQUIRY

Child's name: Date of birth:

Current school: Completed/ Current class:

Parents/Guardian's Name: Occupation:

Phone: Email:

(For official use only)

Age by Sept: Proposed class in CWS: Session/Term:

Space: Available ☐ Test: Scheduled ☐ Date of Enquiry

Not available ☐ Not scheduled ☐ Form No

Test Date

Test Scores: Numeracy Literacy

Academic Placement Test Comment:

Follow-up Chat/Interview:

Admission status: Recommended ☐ Not Recommended ☐

Proposed year Proposed arm

General Comments:

Director of studies

Sign/Date