



**OFFICE USE ONLY**

Admission Date:	DD / MM / YYYY
Admission Number:	

**STUDENT APPLICATION FORM**

**1. PUPIL INFORMATION**

Surname:				photo	
Forename:					
Other name:		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of Birth:	DD / MM / YYYY	Age:		Nationality:	
Ethnicity:		Language(s) Spoken:			
Address:				Postcode:	

**2. FAMILY INFORMATION**

**Parent/Carer 1**

Mr  Mrs  Ms  Miss

Name:

Occupation:

Mobile:

Telephone:

E-mail:

**Parent/Carer 2**

Mr  Mrs  Ms  Miss

Name:

Occupation:

Mobile:

Telephone:

E-mail:

**3. FAMILY RELIGIOUS INFORMATION**

**About Parent/Carer 1**

Christian:  If no, which faith:

Yes  No

Attending church:  Current position held in church:

Yes  No

**About Parent/Carer 2**

Christian:  If no, which faith:

Yes  No

Attending church:  Current position held in church:

Yes  No

Name of Church:	<input type="text"/>	Name of Pastor:	<input type="text"/>
Church's address:	<input type="text"/>		
	Telephone:		<input type="text"/>

## 4. SCHOLASTIC INFORMATION

Previous School		Local Authority:	
Previous School Address:		Postcode:	
Is pupil currently attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, explain:			
Has pupil ever been temporarily or permanently excluded or refused admission to another school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Has pupil ever had disciplinary difficulty at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Does the pupil have a juvenile or arrest record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Has pupil ever used tobacco or non-prescription drugs of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Does your child have any Special Education Needs or a Statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Please indicate academic achievement of pupil's previous work:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/> Poor <input type="checkbox"/>

## 5. GENERAL INFORMATION

How did you hear about this school?	
Reason for selecting this school:	

Personal information contained in this form will be handled in accordance with Data Protection Act 1998.  
***I understand if I fail to disclose all relevant information on this application and a place is given to my child, which exhibits itself at a later stage in breach of this application; the school reserves the right to withdraw such place and my deposit will not be refunded.***

Signature of Parent/Carer 1:		Date:	DD / MM / YYYY
Signature of Parent/Carer 2:		Date:	DD / MM / YYYY

## FOR OFFICE USE ONLY

Received on:	DD / MM / YYYY	Offer accepted on:	DD / MM / YYYY	Reason of leaving:
Application: Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Info Pack 2 sent on:	DD / MM / YYYY	<input type="checkbox"/> Exclusion
Latest Report: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last Attendance on:	DD / MM / YYYY	<input type="checkbox"/> Changing Schools
				<input type="checkbox"/> Finishing Secondary
				<input type="checkbox"/> Moved Address