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**ADMISSION ENQUIRY FORM**

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**DETAILS OF THE PUPIL**

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Full name of pupil \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_ Age last birthday (years) \_\_\_\_\_

Passport/s country of issue \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Current school name  
and location \_\_\_\_\_

Current form or grade \_\_\_\_\_

Intended start date (dd/mm/yy) \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Hobbies, sports, spare-time activities \_\_\_\_\_

Does the student have any special educational  
needs (SEN)? YES / NO (Please circle as appropriate)

If YES please give details \_\_\_\_\_

Does the student have any health problems? YES / NO (Please circle as appropriate)

If YES please give details \_\_\_\_\_

**DETAILS OF PARENTS OR GUARDIANS**

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Title (eg. Mr, Mrs,  
Ms, Dr. etc.) \_\_\_\_\_ Names \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

**SIGNATURE AND COMMENTS** (Applications sent by email may be signed later at the school)

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Any additional Information \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_