



ADMISSION ENQUIRY FORM

DETAILS OF THE PUPIL

Full name of pupil _____

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

Nationality (Please state if dual nationality applies) _____ 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

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)

Any additional Information _____

Signed _____ Date _____