

VIA APPLICATION FORM



CHILD'S FIRST NAME	LAST NAME	DATE OF BIRTH (D/M/Y)

ADDRESS	CHILD'S MOBILE PHONE

NATIONALITY	PLACE OF BIRTH	LANGUAGE(S) SPOKEN AT HOME

DATE/YEAR OF ENTRY	ENTRY PROGRAMME
	<input type="checkbox"/> YEAR 10 (INTERNATIONAL GCSE) <input type="checkbox"/> YEAR 12 (IB DIPLOMA PROGRAMME)

	PARENT/LEGAL GUARDIAN 1	PARENT/LEGAL GUARDIAN 2
NAME		
ADDRESS		
PHONE		
EMAIL		
RELATIONSHIP TO CHILD		

PREVIOUS SCHOOLING EXPERIENCE (SCHOOL NAME, LENGTH OF ATTENDANCE)

LIST OF CHILD'S HOBBIES AND INTERESTS

MEDICAL: DOES YOUR CHILD HAVE ANY PRE-EXISTING MEDICAL CONDITIONS WHICH ARE RELEVANT FOR THE SCHOOL TO BE AWARE OF? IF YES, PLEASE COMMENT:

LEARNING SUPPORT: DOES YOUR CHILD HAVE ANY SPECIFIC LEARNING DIFFICULTIES? HAS HE/SHE EVER RECEIVED ANY LEARNING SUPPORT? HAS HE/SHE EVER RECEIVED ANY SPECIAL CONSIDERATIONS IN EXAMINATIONS? IF YES, PLEASE COMMENT:

IS THERE ANYTHING ELSE THAT YOU FEEL MIGHT BE HELPFUL TO US IN TERMS OF YOUR CHILD'S WELLBEING?

LANGUAGE (FOR THE IGCSE PROGRAMME)

FRENCH

GERMAN

PARENT/LEGAL GUARDIAN 1 SIGNATURE

DATE

--	--

PARENT/LEGAL GUARDIAN 2 SIGNATURE

DATE

--	--

FOR SCHOOL USE ONLY

SCHOOL ID NUMBER

DATE OF ENROLMENT

--	--

TUITION

SUPPORTING DOCUMENTS

ID Page of the passport

The two most recent school reports

Other: