

APPLICATION FORM

Request for a place on the waiting list

DETAILS OF CHILD APPLYING FOR A PLACE						
Surname						
First names						
Preferred name						
Nationality		Date of	birth		Religion	
1 st Language						
Details of other languages spoken						
Male / Female (please circle)						
Type of place applying for (please circle)	Baby Unicorns		Rising 3s		Unicorns' Nursery	
Please tick the days required for Baby Unicorns / Rising 3s / Unicorns' Nursery Please be advised that children are required to attend a minimum of 2 days in Baby Unicorns and Rising 3s and 3 days in Unicorns' Nursery					ing 3s and 3	
Mon Tues Weds Thurs Fri Full Day (8:45am – 3:15pm)						
Early start (8am – 8:45am)						
Late stay (3:15pm – 5pm)						
Pre Prep (Reception – Yr 2)			Prep (Yrs 3 – 8)			
Upper School (Yrs 9 – 11)						
Proposed date of entry						
Proposed term of entry						
Have you registered your child's name at any other scho and if so, which?		ool(s)				

Da gratiam semper justa facere





Please give details of any medical condition, health problem or allergy affecting your child (if applicable)			
Please give details of learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child (if applicable) NB: This includes whether a CAF or EHCP is in place			
Please outline any significant artistic, de	ramatic, musical or sporting	skills / experience (if applica	ıble)
DETAILS OF PARENTS / LEGAL O	GUARDIANS		
FATHER /Legal Guardian			
Title (e.g. Mr)			
Full name			
Day-time telephone	Evening	Mobile	
E-mail address			
Address (including postcode)			
Occupation			
Employer's business name and address			

Da gratiam semper justa facere





MOTHER / Legal Guardian				
Title (e.g. Mrs, Ms)				
Full name				
Day-time telephone		Evening	3	Mobile
E-mail address				
Address (including postcode)				
Occupation				
Employer's business name and address				
OTHERS WITH PARENTAL RESP	ONSIBILITY			
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.				
Title				
Full name				
Address (including postcode)				
CONNECTIONS WITH THE SCHOOL				
Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.				
How did you hear about Sancton Wood School? (please circle)				
Local reputation	Open Day		Friends	Advertisement
Website	Sibling(s) attend	I	Other (please specify)	

 $Da\ gratiam\ semper\ justa\ facere$





DETAILS OF CURRENT SCHOOL				
Name, address and phone number of school				
Dates of attendance				
Name of Head				
BURSARY AWARDS				
Please confirm whether you will require a bursary award in order to meet the fee obligations if your child is offered a place at Sancton Wood School.				
Please note, bursary awards are subject to a detailed financial assessment via an independent organisation.				
You will be required to provide evidence of all financial incomings and outgoings and attend an assessment interview.				
Bursary Awards are not available for places in Baby Unicorns, Rising 3s or Unicorns' Nursery.				
Yes		No		
Estimated level of Bursary Award require	ed (% of fees)			

NOTES

Early application is recommended. Applications will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's *Terms and Conditions* will be supplied on request.

Da gratiam semper justa facere



DECLARATION AND SIGNATURES OF PARENTS/LEGAL GUARDIANS

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full		
(please include all names)		
Relationship to child		
Date		

DECLARATION

I / We request that our child, named on this application form, is placed on the waiting list as a prospective pupil

I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings

I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child

I / We enclose a cheque made payable to Sancton Wood School Ltd for £75 being the non-refundable Application Fee

Or

I / We have transferred the non-refundable Application Fee of £75 to the School Account

HSBC

Sancton Wood School Ltd

Account number: 71881604 Sort code: 40 05 20

On: (date) Reference:

