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| **DETAILS OF CHILD APPLYING FOR A PLACE** |
| **Surname** |  |
| **First names** |  |
| **Preferred name** |  |
| **Nationality** |  | **Date of birth** |  | **Religion** |  |
| **1st 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 3 days in the Rising 3s and Unicorns’ Nurseries |
|  Mon Tues Weds Thurs FriFull Day (8:45am – 3:15pm)Early start (8am – 8:45am)Late stay (3:15pm – 5.30pm) |
| **Prep School (Reception – Yr 6)** |  |
| **Senior School (Yrs 7 – 11)** |  |
| **Proposed date of entry** |  |
| **Proposed term of entry** |  |
| **Have you registered your child's name at any other school(s) and if so, which?** |  |
| **Please give details of any medical condition, health problem or allergy affecting your child** (if applicable) |
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| **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** |
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| **Please outline any significant artistic, dramatic, musical or sporting skills / experience** (if applicable) |
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| **DETAILS OF PARENTS / LEGAL 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** |  |
| **MOTHER / Legal Guardian** |
| **Title** (e.g. Mrs, Ms) |  |
| **Full name** |  |
| **Day-time telephone** |  | **Evening** |  | **Mobile** |  |
| **E-mail address** |  |
| **Address** (including postcode) |  |
| **Occupation** |  |
| **Employer's business name and address** |  |
| **OTHERS WITH PARENTAL RESPONSIBILITY****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.** |
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| **How did you hear about Sancton Wood School? (please circle)** |
| Local reputation | Open Day | Friends | Advertisement |
| Website | Sibling(s) attend | Other (please specify) |  |
| **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 required (% of fees) |  |

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| **G. P. DETAILS** |
| **Name, address and phone number of doctor with whom the above-named child is registered** |  |

**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.

**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 £100 being the non-refundable Application Fee

**Or**

I / We have transferred the non-refundable Application Fee of £100 to the School Account

HSBC

Sancton Wood School Ltd

Account number: 71881604 Sort code: 40 05 20

On: (date) Reference: