

2 St. Paul's Road, Cambridge CB1 2EZ 01223 471703

admissions@sanctonwood.co.uk www.sanctonwood.co.uk

## **Application Form**

Request for a place on the waiting list

DETAILS OF CHILD APPLYING	FOR A PLACE				
Surname					
First names					
Preferred name					
Nationality	Date birth			Religion	
1 <sup>st</sup> Language					
Details of other languages spoken					
Male / Female (please circle)					
<b>Type of place applying for</b> (please circle)	Baby Unicorns	Rising	3s	Unicorns' I	Jursery
<b>Please tick the days required for Baby Unicorns / Rising 3s / Unicorns' Nursery</b> 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	Fri
Full 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 school(s) and if so, which?	s name at any othe	•			
<b>Please give details of any medica</b> applicable)	<b>Please give details of any medical condition, health problem or allergy affecting your child</b> (if applicable)				
Please give details of learning di	fficulty, disability,	or special educati	onal need	of your child,	
as well as any behavioural, emot					
NB: This includes whether a CA	F or EHCP is in pla	ce			
			/		
<b>Please outline any significant ar</b> applicable)	tistic, dramatic, m	usical or sporting	skills / exj	perience (if	
DETAILS OF PARENTS / LEGAI	GUARDIANS				
FATHER /Legal Guardian					
Title (e.g. Mr)					
Full name					
Day-time telephone	Ever	ing	Mobile		
E-mail address					
Address (including posteodo)					
(including postcode)					
Occupation					
Employer's business name and address					

MOTHER / Legal Guardian	1				
Title (e.g. Mrs, Ms)					
Full name					
Day-time telephone		Evenir	ng	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 SCH	IOOL				
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) atten		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 req	uired (% of fees)			
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: