

APPLICATION FORM

PLEASE USE BLOCK CAPITALS AND SEND THE COMPLETED FORM BY EMAIL TO:

NURIA FONT: INTERNATIONAL@PACTSCHOOLS.ORG.UK BELEN VAZQUEZ: BELEN.VAZQUEZ@PACTSCHOOLS.ORG.UK

THE FEES, ADMISSIONS POLICY AND TERMS AND CONDITIONS

ARE IN THE PACT INTERNATIONAL HANDBOOK WHICH IS AVAILABLE ON THE SCHOOL WEBSITE

Registrat	ion Information
PROPOSED DATE OF E	NTRY MONTH YEAR
APPLYING FOR ENTRY PLEASE TICK	YEAR 5/6 YEAR 7 YEAR 8 YEAR 9 YEAR 10 YEAR 11 YEAR 12 YEAR 13
SCHOOL PLEASE TICK	OAKWOOD SCHOOL OLIVER HOUSE SCHOOL THE CEDARS SCHOOL THE LAURELS SCHOOL 3 - 11 YEARS GIRLS 11 - 18 YEARS
Candidat	e's Details
SURNAME	
FIRST NAME(S) UNDERLINE THE NAME BY WHICH THE CHILD IS KNOWN	
MIDDLE NAME(S)	
ADDRESS	
POSTCODE	
INVOICE ADDRESS IF DIFFERENT FROM ABOVE	
DATE OF BIRTH	DAY (DD) MONTH (MM) YEAR (YYYY) GENDER MALE FEMALE
NATIONALITY	
RELIGION	

Mother's Details								
SURNAME								
FIRST NAME(S)				WORK PHONE				
ADDRESS IF DIFFERENT				MOBILE PHONE				
		NATIONALITY						
		RELIGION						
POSTCODE	ATION							
EMAIL ADDRESS								
Father's Details								
SURNAME								
FIRST NAME(S)								
ADDRESS IF DIFFERENT								
		NATIONALITY						
		religion						
POSTCODE	ATION							
EMAIL ADDRESS								
Marital Status								
PLEASE TICK SINGLE MARRIED	SEPARATED	DIVOR	RCED	WIDOV	VED			
Siblings' Details other children i	n the family							
NAME		GENDE M / F	R D	ATE OF BIRTH	YYYY			
		1171		1 11 1				

Present School

FROM WHICH A REFERENCE MAY BE REQUESTED

school name								
HEADTEACHER								
ADDRESS								
POSTCODE								
email address								
TELEPHONE								
DATE STARTED	DAY (DD)	MONTH (MM)		YEAR (YYYY)				
Educational I	nforma	ation						
is the child's first languag	E ENGLISH ? plea	SE TICK	YES		NO			
IF NO, WHAT IS THEIR FIRST LANGUAGE?								
PLEASE INDICATE ANY AREAS F PLEASE TICK ALL RELEVANT BOXES.	OR WHICH YOU	r child requi	res, or ha	S EVER RE	ceived, any	y additio	dnal suppo	ORT.
HEARING IMPAIRMENT		DYSLEXIA					GIVE FURTH RATE SHEET IF	ER DETAILS NEEDED
VISUAL IMPAIRMENT		DYSPRAX	IA					
PHYSICAL DISABILITY		ADHD						
AUTISM		ALLERGIE	S					
ASPERGER'S SYNDROME			EDICAL CO sthma, diabet					
PLEASE TICK IF YOU HAVE A ATTACH A COPY OF THE M			ist's repor	T AND				
						TICK	(IF SEPARAT	e sheet is attached

PACT International PLEASE TELL US, BRIEFLY, WHY HAVE YOU CHOSEN TO APPLY TO PACT INTERNATIONAL							
Information					••••		
	ard about pact internati	IONAL					
A PARENT / PUPIL / RE	LATIVE	OTHER - PLEASE SPECIFY					
FRIEND OR ACQUAIN	ntance						
THE SCHOOL'S WEB	SITE						
SEARCH ENGINE - GOOGLE ETC							
Signatures							
mother's signature			DATE				
father's signature			DATE				