



APPLICATION FOR ADMISSION



Academic Year /

Student Information

Student's Family Name			Student's First Name		DNI/ID
<input type="text"/>			<input type="text"/>		<input type="text"/>
Gender	Date of Birth	Place of Birth	Nationality	Mother Tongue	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Post Code	Home Phone n°	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Father's Phone n°	Mother's Phone n°	Observations			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

Educational History

Name of School	Class	Dates	Curriculum Followed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Address	School Phone N°	Other	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Intended Year Group

STAGE	EYFS	PRIMARY	PRIMARIA (ESP)	SECUNDARIA	BACHILLERATO
Year Group	Pre-Nursery <input type="checkbox"/>	Year 1 <input type="checkbox"/>	5°EP <input type="checkbox"/>	1° ESO <input type="checkbox"/>	1° Bachillerato <input type="checkbox"/>
	Nursery <input type="checkbox"/>	Year 2 <input type="checkbox"/>	6°EP <input type="checkbox"/>	2° ESO <input type="checkbox"/>	2° Bachillerato <input type="checkbox"/>
	Reception <input type="checkbox"/>	Year 3 <input type="checkbox"/>		3° ESO <input type="checkbox"/>	
		Year 4 <input type="checkbox"/>		4° ESO <input type="checkbox"/>	
		Year 5 <input type="checkbox"/>			
		Year 6 <input type="checkbox"/>			

Academic Information

Languages spoken at home		Language of instruction in current school		
<input type="text"/>		<input type="text"/>		
Your child's language ability		Fluent	Good	Satisfactory
	English	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Spanish	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your child ever had difficulty with any of the following?

Language development	If yes, please specify:	<input type="text"/>
Physical development	If yes, please specify:	<input type="text"/>
Psychological development	If yes, please specify:	<input type="text"/>
Learning disability	If yes, please specify:	<input type="text"/>

Family Information

(The information will be treated as confidential)

Parents are Divorced

☐

Parents are Separated

☐

A parent is deceased

☐

Other children in the family

Name

Age

Does your child suffer from any medical conditions or allergies?

Yes

☐

No

☐

If yes, please provide details:

Father's Information

Family Name

First Name

DNI/ID

Nationality

Date of Birth

Mother Tongue

Employer

Current Occupation

Work Phone n°

Email Address

Home Phone Number

Mobile Phone Number

Mother's Information

Family Name

First Name

DNI/ID

Nationality

Date of Birth

Mother Tongue

Employer

Current Occupation

Work Phone n°

Email Address

Home Phone Number

Mobile Phone Number

Bank Details (Direct bank debit)

Titular

IBAN

ENTIDAD

OFICINA

DC

NUMERO DE CUENTA

I ACCEPT and AGREE that all expenses for the return of receipts due to causes beyond the control of the school shall be borne by the student's parent / guardian.

Additional School Services

School Lunch

☐

School Bus

☐

Breakfast Club

☐

Date

Parent/Tutor/Guardian's Signature

(To be filled by the SCHOOL)

NEW PUPIL SCHOOL ADMISSION:

YES

☐

NO

☐

Headteacher's signature