



Application Form

I wish my child to be considered for a place in:
(Please tick one box only)

Nursery Reception Y1 Y2 Y3 Y4 Y5 Y6 Y7 Y8 Y9 Y10 Y11

Starting _____ (date)

Candidate

Surname: _____ Sex Male Female

Full forename(s): _____ Date of birth: _____

Ethnic Origin:

White:	Asian or Asian British	Mixed	Black or Black British	Chinese	Any other Ethnic Group
British	Indian	White & Black Caribbean	Caribbean		
Irish	Pakistani	White & Black African	African		
Any Other	Bangladeshi	White & Asian	Any Other		
	Any Other	Any Other			

Please state first language if not English _____

Parents

Parent/Guardian 1 *(with whom candidate lives)*

Parent/Guardian 2

Title: _____ Forename: _____

Title: _____ Forename: _____

Surname: _____

Surname: _____

Occupation: _____

Occupation: _____

Relationship to candidate: _____

Relationship to candidate: _____

Address: _____

Address: *(if different)* _____

Post Code: _____

Post Code: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

E-mail: _____

E-mail: _____

Candidate's Current School

Name of School: _____

Address _____

Special Information

Does your child have any learning difficulties e.g. dyslexia, are they on the special needs register or do they have an Individual Education Plan at their current school? Yes No

If you have ticked yes please give details below

Does your child have any medical condition or disability? e.g. hearing loss or poor vision Yes No

If you have ticked yes please give details below

Vocational Information

Please give details of any dance/drama school your child attends/has attended

Please list below all vocational subjects studied and any exams taken

How did you find out about Pattison College?

Declaration

I/We hereby apply for the admission of our child to Pattison College and understand that the College's acceptance of this application form does not constitute an offer of a place.

Signature of Parent 1 _____ Date _____

Signature of Parent 2 _____ Date _____