

APPLICATION FOR ADMISSION

APPLYING FOR YEAR _____

INFORMATION TO BE COMPLETED BY THE PARENT/GUARDIAN:		
[1] CHILD'S SURNA	AME	
[2] CHILD'S FORE	NAME	[3] DATE OF BIRTH:
[4] GENDER	MALE / FEMALE (delete as applicable)
[5] ADDRESS		
[6] TELEPHONE N	UMBER (DAY)	[7] (EVENING)
[8] PARENTAL EM	AIL ADDRESS	
[9] IS THE CHILD F	PERMANENTLY RESIDENT IN THE UP	YES / NO (delete as applicable)
[10] IS THE CHILD	IN PUBLIC CARE("LOOKED AFTER")	YES / NO (delete as applicable
[11] NAME & ADDF	RESS OF PRESENT SCHOOL	
[12] NAME OF HEA	ADTEACHER:	
[13] FULL NAMES	OF PARENTS/GUARDIANS WITH WH	OM THE CHILD LIVES AT THE ABOVE ADDRESS:
[1/1] RPOTHED/SIS	TER AT GEORGE SPENCER SCHOO	L? YES / NO (delete as applicable)
[14] BIOTHEROIC	TER AT GEORGE OF ENGLIS GOTIOG	L: TEO / NO (delete as applicable)
IF "YES", NAME(S) AND DATE(S) OF BIRTH		
I/We have read and accept the arrangements described in the School's Prospectus.		
Signed (Parent/Guardian) Date:		
Please return to The Admissions Officer at George Spencer Academy. Email to info@george-spencer.com		

The data supplied on this form will be kept on computer. The school is registered for this purpose under the *Data Protection Act*.