



THE CEDARS SCHOOL

Application Form

PLEASE USE **BLOCK CAPITALS** AND SEND THE COMPLETED FORM TO THE ADDRESS BELOW
TOGETHER WITH NON-REFUNDABLE APPLICATION FEE OF £100
(CHEQUES SHOULD BE MADE PAYABLE TO: PACT EDUCATIONAL TRUST LIMITED)

THE SCHOOL'S FEES, ADMISSIONS POLICY AND TERMS AND CONDITIONS ARE AVAILABLE FROM
THE WEBSITE AND COPIES MAY BE REQUESTED FROM THE SCHOOL IN WRITING AND BY EMAIL

Registration Information

PROPOSED DATE OF ENTRY MONTH YEAR

APPLYING FOR ENTRY PLEASE TICK 11+ ENTRY 13+ ENTRY SIXTH FORM OTHER

Candidate's Details

SURNAME

FIRST NAME(S)
UNDERLINE THE NAME BY WHICH THE CHILD IS KNOWN

MIDDLE NAME(S)

ADDRESS

POSTCODE

DATE OF BIRTH DAY (DD) MONTH (MM) YEAR (YYYY)

NATIONALITY

RELIGION

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)	
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Educational Information

IS THE CHILD'S FIRST LANGUAGE ENGLISH ? PLEASE TICK

 YES NO

IF NO, WHAT IS THEIR FIRST LANGUAGE?

PLEASE INDICATE ANY AREAS FOR WHICH YOUR CHILD REQUIRES, OR HAS EVER RECEIVED, ANY ADDITIONAL SUPPORT.
PLEASE TICK ALL RELEVANT BOXES.

 HEARING IMPAIRMENT DYSLEXIA VISUAL IMPAIRMENT DYSPRAXIA PHYSICAL DISABILITY ADHD AUTISM ALLERGIES ASPERGER'S SYNDROME OTHER MEDICAL CONDITIONS
SUCH AS ASTHMA, DIABETES PLEASE TICK IF YOU HAVE AN EDUCATIONAL PSYCHOLOGIST'S REPORT AND
ATTACH A COPY OF THE MOST RECENT REPORT.

PLEASE GIVE FURTHER DETAILS USE A SEPARATE SHEET IF NEEDED

 SEPARATE SHEET
TICK IF ATTACHED

