



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	<input type="text"/>
FIRST NAME(S) UNDERLINE THE NAME BY WHICH THE CHILD IS KNOWN	<input type="text"/>
MIDDLE NAME(S)	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
POSTCODE	<input type="text"/>
DATE OF BIRTH	DAY (DD) <input type="text"/> MONTH (MM) <input type="text"/> YEAR (YYYY) <input type="text"/>
NATIONALITY	<input type="text"/>
RELIGION	<input type="text"/>

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

Other Schools

YES NO

HAVE YOU APPLIED, OR DO YOU INTEND TO APPLY, FOR ANY OTHER SCHOOLS?
IF YES, PLEASE LIST THE SCHOOLS BELOW

The Cedars School

PLEASE TELL US, BRIEFLY, WHY HAVE YOU CHOSEN TO APPLY TO THE SCHOOL?

School Information

PLEASE TICK HOW YOU HEARD ABOUT THE SCHOOL

<input type="radio"/> A PARENT / PUPIL / RELATIVE	<input type="radio"/> CATHOLIC HERALD MAGAZINE	<input type="radio"/> OTHER PLEASE SPECIFY _____ _____ _____ _____
<input type="radio"/> FRIEND OR ACQUAINTANCE	<input type="radio"/> SCHOOL REPORT MAGAZINE	
<input type="radio"/> THE SCHOOL'S WEBSITE	<input type="radio"/> NCT MAGAZINE	
<input type="radio"/> THE SCHOOL'S OPEN DAY BANNER	<input type="radio"/> SW RESIDENT MAGAZINE	
<input type="radio"/> SEARCH ENGINE - GOOGLE ETC	<input type="radio"/> LIVING SOUTH RESIDENT MAGAZINE	
<input type="radio"/> INDEPENDENT SCHOOLS WEBSITE SUCH AS IAPS / ISA / ISC		

Signatures

MOTHER'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
FATHER'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>