

APPLICATION FORM

PLEASE USE BLOCK CAPITALS AND SEND THE COMPLETED FORM BY EMAIL TO:

NURIA FONT: NURIAFONT@YAHOO.COM
ISABEL ABAD ARANZABAL: ISABEL.ABAD.A@GMAIL.COM

THE FEES, ADMISSIONS POLICY AND TERMS AND CONDITIONS
 ARE IN THE PACT INTERNATIONAL HANDBOOK WHICH IS AVAILABLE ON THE SCHOOL WEBSITE

Registration Information

PROPOSED DATE OF ENTRY MONTH YEAR

APPLYING FOR ENTRY PLEASE TICK YEAR 5/6 YEAR 7 YEAR 8 YEAR 9 YEAR 10 YEAR 11 YEAR 12 YEAR 13

SCHOOL PLEASE TICK OAKWOOD SCHOOL 3 - 11 YEARS OLIVER HOUSE SCHOOL 3 - 11 YEARS THE CEDARS SCHOOL BOYS 11 - 18 YEARS THE LAURELS SCHOOL GIRLS 11 - 18 YEARS

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)

GENDER MALE FEMALE

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

TICK IF SEPARATE SHEET IS ATTACHED

PACT International

PLEASE TELL US, BRIEFLY, WHY HAVE YOU CHOSEN TO APPLY TO PACT INTERNATIONAL

Information

PLEASE TICK HOW YOU HEARD ABOUT PACT INTERNATIONAL

A PARENT / PUPIL / RELATIVE

FRIEND OR ACQUAINTANCE

THE SCHOOL'S WEBSITE

SEARCH ENGINE - GOOGLE ETC

OTHER - PLEASE SPECIFY

Signatures

MOTHER'S SIGNATURE

DATE

FATHER'S SIGNATURE

DATE