



# THE LAURELS 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: THE LAURELS SCHOOL 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

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### Registration Information

PROPOSED DATE OF ENTRY      MONTH       YEAR

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

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### 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



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# 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

