



Initial Enquiry Form

Pre-school/Primary & Secondary placements

New enquiry

Old enquiry

DATE

Details of Parents/Guardian

Mother's full name

Father's full name

Country & details of permanent address

Daytime contact telephone numbers

Email address

Details of Child Applicant

Full name

Date of birth Male/Female

Country of origin Nationality Religion

Any specific academic, medical, or dietary needs

Full name and country of present school

..... Contact name

ATTACH A **PHOTOCOPY** OF YOUR CHILD'S LAST SCHOOL REPORT

Commencement date required 20 Year Group

Please return this form and any attachments to Student Admissions (*address below*) by one of the following options:

by email: compile all documents to be submitted into a **single PDF attachment** for acceptance.

by fax: (+34) 95 2838992 or **by courier**, marked for the attention of the Registrar.

Incomplete forms without copy reports attached will not be processed