



Initial Enquiry Form

Foundation/Primary & Secondary placements

New enquiry

Old enquiry

Date

Details of Parents/Guardian

Mother's full name

Father's full name

Permanent address

Daytime telephone numbers

Email address

Details of Child Applicant

Full name

Date of birth Male/Female

Nationality Religion

Special academic, medical, or dietary needs

Full name and address of present school

Contact name

ATTACH A **PHOTOCOPY** OF THE LAST SCHOOL REPORT

Commencement date requested 20 Year Group

Please return this form & attachments to the administration office by
Fax (+34) 95 2838992 / post / courier, marked for the attention of the Registrar.

Do NOT return documentation by EMAIL ATTACHMENT

Incomplete forms WITHOUT COPY REPORTS attached will not be processed