



**OAKWOOD
SCHOOL**

Application Form

PLEASE USE **BLOCK CAPITALS** AND SEND THE COMPLETED FORM TO THE ADDRESS BELOW
TOGETHER WITH NON-REFUNDABLE APPLICATION FEE OF £75
(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

OAKWOOD NURSERY
SESSIONS ARE FINALISED
PRIOR TO ENTRY

OAKWOOD SCHOOL

PROPOSED TERM OF ENTRY PLEASE TICK

AUTUMN

SPRING

SUMMER

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 or Nursery

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

