

APPLICATION FOR ADMISSION



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How did you hear about us?

Mailshots
 Social Media
 Website
 Friend/Referral (name) _____
 Current School
 Flyers (tell us where) _____
 Open Days
 Other (please specify) _____

Does the student have any medical conditions about which we should be aware?

Yes
 No
 Please specify _____

Does the student have any learning difficulties?

Yes
 No
 Please specify _____

Would your child use the canteen service?

Yes No

Would your child use the bus service?

Yes No

In order to better serve your child, please share with us areas where your child does well and areas where he or she may need help or attention.

Please attach another sheet if necessary _____

Declaration: *I certify that all the information contained in this application is complete and correct. I give The Latham School permission to contact the schools my child has previously attended and obtain all records and transcripts. I also confirm that I have legal custody of the child who is applying to attend The Latham School.*

Signature of Parent/Guardian _____

Date: DD / MM / YYYY

Date of Application:

D	D	M	M	Y	Y	Y	Y
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Student Information

Last Name: _____
 First Name: _____
 Middle Name: _____
 Preferred Name: _____

Please attach a recent photograph of the student

Student Date of Birth

D	D	M	M	Y	Y	Y	Y
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Current Grade/Year : _____ Grade/Year Applying for: _____

Admission sought for:

International Curriculum
 Term 1 (Aug-Dec)
 Term 2 (Jan-Mar)
 Term 3 (Apr-Jun)

NECTA Curriculum

January-December, 2019 Other

Student's residential Address	
Student's postal address	
Home email	
Student's Nationality	

In Our Time, Let Us Do Good

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Does the student speak English? Y N

Proficiency in English (if not mother tongue)

Excellent Average Weak Does not speak any English

Language(s) spoken at home _____

Student's Previous School(s)

	Current School	Previous School	Previous School
Name			
School Address			
Telephone			
Email Address			
Town/City			
Country			
Dates Attended			

Student lives with:

Parent/Guardian 1 Parent/Guardian 2
 Other (please specify) _____

Are you child's school fees paid for by:

Your Employer Yourself Your Employer & Yourself

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Parent Information	Parent/Guardian 1	Parent/Guardian 2
Relationship to Student		
Name		
Home Address		
Email		
Cell Number		
Work Number		
Occupation		
Employer		

Names, ages and schools (where applicable) of Siblings:

Name	Age	School

For Official Use Only

Application Received	D D M M Y Y Y Y						
	D D M M Y Y Y Y						
Assessments scheduled							
School reports	Yes	No	Good Faith paid	Yes	No		
Confidential report	Yes	No	Admission offered	Yes	No		
Application fee	Yes	No	Admission accepted	Yes	No		
Assessment taken	Yes	No					