

IN-YEAR STUDENT APPLICATION FORM

		STUDENT	DETAILS				
Legal Family Name							
Legal Forename							
Middle Name(s)							
Date of Birth	1 1			Gender	Male	0	
	Day Month Y	ear			Female	0	
School Year Applying For	Year 7	Year 8		ar 9	Year 10	Year 11	
	0	0)	0	0	
Home Address							
	Postcode:		Borough of	Residence:			
	Is this a permanent addre	ess: Yes O	No O				
Do you have any other children currently attending Holland Park?	Provide name(s)			Date of Birth(s)			
Are you a British passport holder?	Yes O No O			If no, please provide Date of Entry to U	1/2	/ / Day Month Year	
				Country arrived from	om ———		
Name of Parents/Carers		PARENT/ CAR	ER DETAI		/ D#		
(Complete 1 block per parent/carer)	Mr / Mrs / Ms / Miss / Dr First Name Family Name			Mr / Mrs / Ms / Miss / Dr First Name Family Name			
Home address if different from above							
Relationship to student							
Home Telephone							
Work Telephone							
Mobile							
Email							

STUDENT HISTORY

SOCIAL AND/ OR MEDICAL NEEDS								
Children in Public Care, previously in care, adopted from o	care (please provide a	letter from a soc	ial worker confirming this ir	nformation):				
Is the child in the care of a local authority?	No C) Yes	\circ					
If yes, please state which local authority								
Children with Special Educational Needs:								
Does the child have a statement of Special Educational N	eeds? No C) Yes	\circ					
APPLYING FOR A PLACE AT HOLLAND PARK SCHOOL (Reason for Applying. Please tick the appropriate box)								
If you have recently moved to London from abroad	0							
If your child has been attending an Independent fee paying	0							
If your child is attending a school but you want to move h	0							
If your child is being educated at home and you would lik	0							
If your child has been permantley excluded from a school	0							
	PREVIOUS ED	LICATION						
If educated abroad, when did your child commence educ		1 1						
	D	ay Month Yea	r					
School(s) Last Attended (state Country if not in UK)	From	То	Type of School eg Primary/Secondary	Reason for leaving/ seeking transfer				
Name								
Name Address	1 1	1 1						
	1 1	1 1						
Address	1 1							
Address Name								
Address Name								
Address Name								
Address Name								
Address Name								
Address Name								
Address Name		1 1						
Address Name	DECLARA er for the child named in or misleading informatic	TION this application aron on this form or i	n supporting papers, or withhe	ld relevant information, it might				
Name Address I certify that I have parental responsibility and am the main care my knowledge. I understand that if I have knowingly given false	DECLARA er for the child named in or misleading information	TION this application aron on this form or i	n supporting papers, or withhe efer to our Data Protection Dec	ld relevant information, it might				

Date: ____