



Solefield School
Sevenoaks, Kent, TN13 1PH

APPLICATION FOR ADMISSION

To the Headmistress,

I wish my son/ward to be admitted to Solefield School at the beginning of the Autumn / Spring / Summer Term 20.....

CHILD'S DETAILS:

| | | | | | | |
|--|-----|--|-------|-----------------|------|--|
| Boy's Surname: | | | | | | |
| Boy's First Name: | | | | | | |
| Date of Birth: | Day | | Month | | Year | |
| Address: | | | | | | |
| Nationality: | | | | | | |
| Current/previous school/nursery/pre-school (including dates): | | | | | | |
| School/nursery/pre-school: | | | | Dates attended: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PARENT/GUARDIAN DETAILS:

| MOTHER: | |
|--|--|
| Title:(Mrs/Miss/Dr/etc) | |
| First Name: | |
| Surname: | |
| Address: <i>(if different from child's address)</i> | |
| Home Telephone no: | |
| Mobile Telephone no: | |
| Email: * | |
| Profession: | |
| Marital Status: | |

** We will add this email addresses to our mailing list unless you indicate otherwise*

| FATHER: | |
|--|--|
| Title: (Mr/Dr/etc) | |
| First Name: | |
| Surname: | |
| Address: <i>(if different from child's address)</i> | |
| Home Telephone no: | |
| Mobile Telephone no: | |
| Email: * | |
| Profession: | |
| Marital Status: | |

** We will add this email addresses to our mailing list unless you indicate otherwise*

ADDITIONAL FAMILY INFORMATION:

| | | |
|--|-----|----------------------------------|
| If any other individual has parental responsibility for this child, please provide details: | | |
| | | |
| Is there any information regarding your family (or any other individuals) which might be relevant to the care of your child? If so please provide details: | | |
| | | |
| Which language/s is/are spoken at home? | | |
| | | |
| Siblings: | | |
| Name | Age | School attending (if applicable) |
| | | |
| | | |
| | | |

ADDITIONAL NEEDS/SUPPORT:

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|--|
| Does your son have any identified Special Educational Needs? |
| Yes / No If Yes, please provide details below: |
| |
| Does your son have any physical, psychological or social issues that may prevent him accessing any part of the curriculum? |
| Yes / No If Yes, please provide details below: |
| |
| Does your son have any physical, psychological or social issues that may prevent him accessing any part of the curriculum? |
| Yes / No If Yes, please provide details below: |
| |
| Does your son receive any learning support at his current school? |
| Yes / No If Yes, please provide details below: |
| |

SIGNATURE:

| | |
|--|--|
| How did you first hear about Solefield School? | |
| | |
| This is an application only and written confirmation by the Headmistress of her acceptance is necessary before a boy can be admitted to the school. | |
| Please provide a registration fee of £100.00 (non-refundable) with this application. Cheques should be payable to 'Solefield School Educational Trust Ltd' or please contact the Registrar for our bank details. | |
| Signature: | |
| Name: | |
| Date: | |

Solefield School is committed to equal treatment for all, regardless of an individual's race, ethnicity, religion, sexual orientation, disability, learning difficulty, cultural or social background. The school is committed to making reasonable adjustment so as many boys as possible are fully able to access the curriculum without significantly compromising the education of others at the school.

Please advise of any parental needs with regard to accessing the school site and / or communication (e.g. wheel chair access, large print, braille etc).

Solefield School takes the protection of you and your son's data very seriously. Please refer to our Data Protection and Privacy Notice, available on our website, for further information regarding this.