

2016-2017



North London
Grammar School

Full Application Form

Please complete and return to the Admission Office (with a copy of the birth certificate) to: North London Grammar School, Colindeep Lane, London, NW9 6HB together with the non-returnable registration fee of £60.

CHILD'S DETAILS

Child's first name(s)

Nationality (If not British, please submit a copy of the child's passport.)

Child's surname

Religious denomination, if any

Date of birth

Gender (male/female)

Ethnicity e.g. White, Mixed, Asian, etc.

Child's present school & address (if applicable)

Child's first language

Child's second language

Proposed date of entry

Current year group:

Year group on entry:

PARENTS' DETAILS

Mother

Full name

Current Address

Previous Address (required for international students only) if lived less than 3 years at the current address, use extra sheet if needed.

From:

To:

Home tel

Work Tel

Mobile

Occupation

Email

If both parents do NOT live at the same address please indicate who the child lives with

Father

Full name

Current Address (if different)

Previous Address (required for international students only) if lived less than 3 years at the current address, use extra sheet if needed.

From:

To:

Home tel (if different)

Work Tel

Mobile

Occupation

Email

If both parents do NOT live at the same address please indicate to whom correspondence should be sent to

Next of Kin Full Name:

Mob:

Tel:

Relation to child:

If applicable, for all overseas students, full details of a UK-based guardian are required.

Full name of guardian

Guardian's telephone numbers (Work, home & mobile)

Address

Email

IN ORDER TO BETTER ADDRESS YOUR CHILD'S NEEDS...

Does your child have any physical or learning disabilities?

Yes No

If yes, please describe

If your child has been tested by a specialist/professional, please indicate year of test

Has your child ever received counselling support for emotional difficulties?

Yes No

If yes, please explain

Has your child ever been enrolled in a Special Needs Programme (SEN)?

Yes No

If yes, please explain

Does your child have any known medical conditions, health problems or allergies?

Yes No

Please supply details in the medical information form

Hobbies /Interests

Please tell us about your child's interests and if they are taking part in any extra-curricular activities or courses

SIBLINGS OF APPLICANT

Full name	D.O.B	Year group	Current School

How did you hear about NLGS?

Parent at NLGS School Marketing Material External Media Other

Name of parent who referred you to NLGS

Do you require any of the following?:

Minibus Service School Lunch Boarding

Photo Consent

I give NLGS permission to take photos of my child for use in school marketing material

Yes No

Declaration

I/we have read the NLGS Admission Policy and agree to the terms and conditions stated therein. If my/our child is admitted to NLGS I/we agree to pay all fees as outlined in the NLGS terms and conditions.

Father's/Guardian's Full Name:

Mother's/Guardian's Full Name:

Father's/Guardian's Signature :

Mother's/Guardian's Signature:

Date:

Date: