



## **INTEREST IN ADMISSION FORM**

|  |                             |
|--|-----------------------------|
| <b>Christian Name of Child:</b>  | <b>Surname of Child:</b>    |
| <b>Date of Birth:</b><br>(copy of birth certificate must be attached when returning this form)       | <b>Nationality:</b>         |
| <b>Full Name of Father:</b>  | <b>Full Name of Mother:</b> |
| <b>Full Name and Address of person(s) with whom the child is now living:</b>                         |                             |
| <b>Postcode:</b>   |                             |
| <b>Telephone Number:</b>   |                             |
| <b>Mobile Number:</b>  |                             |
| <b>E-Mail Address:</b>   |                             |
| <b>Relationship:</b><br>(parent or guardian)   |                             |
| <b>Name, address (and telephone number, if any) of another person with whom contact can be made:</b> |                             |
| <b>Where did you first hear about The Craylands School:</b>  |                             |
| <b>Year of Admission:</b><br>(To be completed by School)   |                             |
| <b>Signature:</b>  | <b>Date:</b>                |