

Application Form

EASTCOURT INDEPENDENT SCHOOL

1, Eastwood Road, Goodmayes, IG3 8UW
Tel.: 020 85905472

Pupil's Surname Boy/Girl

Pupil's Forenames in full
(underline the name by which he/she is known)

Date of Birth Admission sought for September

Nationality Religion

Father/Guardian Mother/Guardian

Name Name

Address Address

.....

.....

Tel.: (Home) Tel.: (Home)

Tel.: (Work) Tel.: (Work)

Email address: Email address:

Profession/
Occupation Profession/
Occupation

Present School

Headteacher

Address

..... Telephone

State of Health
(Please indicate any medical condition or disability)

Any special circumstances that should be known in the interests of the pupil

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Parents or guardians should sign the completed form to confirm that they have read, understood and agree to the Terms of Acceptance attached and that they will be jointly and severally liable for the payment of all fees due. The original form should be returned to the School in its entirety and a copy retained for the parents'/guardians' own records.

*I/We hereby apply for the admission to Eastcourt Independent School of *my/our *son/daughter/ward and agree to be bound by the terms of this application and by the Terms of Acceptance attached.

Signed Date

Signed Date

(*Delete the words not applicable)