



STONAR

APPLICATION FORM

Please answer all sections in full in **BLOCK CAPITALS**

Details of child <i>(as appears on birth certificate or passport)</i>			
Surname		First names	
Known as		Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality		Mother Tongue	Additional Languages Spoken
Year group of entry		Date of entry	
Boarding or day		Length of stay	Permanent: <input type="checkbox"/> 1 year: <input type="checkbox"/> Other:
Residential address of child (in full)			
Email address (if applicable)			
Interests			

Details of current school <i>(we will seek a reference from the School upon receipt of this form, unless otherwise advised)</i>			
Name of school		Headteacher's name	
Address of school			
Email address			
Date joined		Have you registered for any other school? If yes, please state the name(s)	

Details of agent <i>(if applicable)</i>

Details of parents or guardian <i>(as appears on birth certificate or passport)</i>		
It is important that the Admissions Office is notified of any changes to the below details		
	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Primary Contact	<input type="checkbox"/>	<input type="checkbox"/>
Title (e.g. Mr, Mrs, Ms)		
Surname		
First name		
Relationship to child		
Occupation		
Employer		
Nationality		
Permanent residential address <i>(leave blank if same as child)</i>		
Mobile number		
Home telephone		
Work telephone		

Email address		
Are the parents married to each other?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the parents separated or divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Who has parental responsibility?	Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other (please specify): Click or tap here to enter text. We will require proof of Parental Responsibility from anyone other than a Father or Mother All persons with parental responsibility will need to consent to the child attending the School if an offer is made	
Who will take financial responsibility for payment of school fees?	Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other (please specify):	
Forces families only: Are you eligible for CEA Funding?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide evidence of this.
Please mention here the names of any other family members attending the School or any other connections with the School		

Immigration Status			
Will you or your child require sponsorship from the School in order to obtain a visa to study in the UK at Stonar?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does another valid immigration category applies to your child? If Yes, please provide further details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If you are not seeking the School to sponsor your child to study at Stonar, please note that completion of this form represents your confirmation that your child has the unconditional right to enter, live and study in the UK for the duration of the education offered by the School. Failure to give correct information will constitute a material breach of any agreement entered into between the School and you in relation to the education of the application pupil, entitling the School to terminate all and any such agreement without any obligation to return any deposit or fees paid.</p> <p>The School reserves the right to request further information and sight of documentation in support of your declarations and to share information with UK Visas and Immigration (UKVI) and the Home Office for the purposes of compliance with our responsibilities as a licensed sponsor.</p>			

Individual Circumstances <i>(all information in this section will be treated in confidence)</i>							
Does your child have any special educational needs / circumstances or learning difficulties e.g. disabilities, medical conditions or involvement from support services? Yes <input type="checkbox"/> / No <input type="checkbox"/>							
If yes, please tick and provide further details either below or attached as a separate document. We will request, on receipt of application, relevant supporting information on any area indicated below, if not enclosed with this document.							
Hearing Impairment	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Food Intolerances	<input type="checkbox"/>	Food Allergies (including Anaphylaxis)	<input type="checkbox"/>
Require an Epipen	<input type="checkbox"/>	Special Dietary Requirements	<input type="checkbox"/>	Mental Health / Emotional Health / Anxiety / Depression			<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Exam Access Arrangements	<input type="checkbox"/>	ADHD / ADD	<input type="checkbox"/>
Behaviour Support or ELSA Intervention	<input type="checkbox"/>	Autism Spectrum Disorder (ASD) or Asperger's Syndrome	<input type="checkbox"/>	CAF / historical or current social care involvement	<input type="checkbox"/>	In receipt of an Educational Psychologist's report / assessment by SpLD (Specific Learning Difficulty) teacher or assessor	<input type="checkbox"/>
In receipt of an EHCP			<input type="checkbox"/>	Other: (disability, special educational need, learning difficulty, medical condition or health issue)			<input type="checkbox"/>
Has your child ever experienced any difficulties at their current and/or previous school, such as bullying, academic problems, friendship issues etc?							<input type="checkbox"/>
Are there any circumstances relating to the child's birth we should know? (Premature, adopted etc)							<input type="checkbox"/>
Please let us know any other information regarding your child that you feel is relevant to the above or their application in general:							

