

APPLICATION FORM

YOUR CHILD

FULL NAME

DOB **GENDER** **NATIONALITY**

RELIGION **PREFERRED NAME**

ADDRESS

COUNTY **POSTCODE**

PREFERRED ENTRY DATE

TYPE OF PLACE REQUIRED Day Boarding Day in Boarding

OTHER SCHOOLS REGISTERED AT

CURRENT SCHOOL **HEAD**

ADDRESS

COUNTY **POSTCODE**

DATES OF ATTENDANCE

PLEASE SHARE ANY EXPERIENCE OR INTERESTS YOUR CHILD HAS:

ACADEMIC

HOBBIES & INTERESTS

ARTISTIC

SPORTING

DRAMATIC

MUSICAL

OTHER

YOUR DETAILS

Please tell us why you think a CHANGE100 bursary place at Stowe would benefit your child.

CONFIDENTIAL

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child.

PARENT/GUARDIAN 1

IS YOUR PROPERTY

Freehold

Leasehold

Rented

RELATIONSHIP TO CHILD

FULL NAME

ADDRESS

COUNTY

POSTCODE

EMAIL

HOME PHONE

MOBILE

WORK PHONE

OCCUPATION

COMPANY NAME

EMPLOYER'S ADDRESS

ANNUAL INCOME

PARENT/GUARDIAN 2

| | | | |
|---------------------------|----------------------|----------------------|----------------------|
| FULL NAME | <input type="text"/> | | |
| ADDRESS | <input type="text"/> | | |
| COUNTY | <input type="text"/> | POSTCODE | <input type="text"/> |
| EMAIL | <input type="text"/> | | |
| HOME PHONE | <input type="text"/> | MOBILE | <input type="text"/> |
| | | WORK PHONE | <input type="text"/> |
| OCCUPATION | <input type="text"/> | COMPANY NAME | <input type="text"/> |
| EMPLOYER'S ADDRESS | <input type="text"/> | | |
| | ANNUAL INCOME | <input type="text"/> | |

OTHERS WITH PARENTAL RESPONSIBILITY

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.

| | | | |
|---------------------------|----------------------|----------------------|----------------------|
| FULL NAME | <input type="text"/> | | |
| ADDRESS | <input type="text"/> | | |
| COUNTY | <input type="text"/> | POSTCODE | <input type="text"/> |
| EMAIL | <input type="text"/> | | |
| HOME PHONE | <input type="text"/> | MOBILE | <input type="text"/> |
| | | WORK PHONE | <input type="text"/> |
| OCCUPATION | <input type="text"/> | COMPANY NAME | <input type="text"/> |
| EMPLOYER'S ADDRESS | <input type="text"/> | | |
| | ANNUAL INCOME | <input type="text"/> | |

DECLARATION

- I / We request that our child named above is registered as a prospective pupil.
- I / We understand that the School may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.
- I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and I / we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

Signatures of parents/legal guardians

| | Parent/Guardian 1 | Parent/Guardian 2 |
|------------------------------|-------------------|-------------------|
| SIGNED | | |
| FULL NAME | | |
| DOB | | |
| RELATIONSHIP TO CHILD | | |
| DATE | | |

OTHER

CONNECTIONS TO THE SCHOOL

Please mention the names of any other members of the family attending Swanbourne House, Winchester House or Stowe, or registered for entry; or any other connection with The Stowe Group.

HOW DID YOU HEAR ABOUT CHANGE 100 AND STOWE

Please return your completed form to admissions@stowe.co.uk