



# LATHALLAN SCHOOL

## APPLICATION FORM J1 - S6

Parents or guardians must complete the application form in block capitals enclosing the non-refundable registration fee of £35.

Please enclose a copy of your child's latest school report and their passport photo page.

Application forms must be returned to: Head of Admissions and Marketing,  
Lathallan School, Brotherton Castle, Johnshaven, Scotland DD10 0HN

**FOR OFFICE  
USE ONLY**

Year Group	Boarder	Date Received	Registration Fee	Taster Day	Offer
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### Personal Details

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

*(please underline name child is known by)*

Date of Birth: \_\_\_\_\_

Male

Female

*Please Tick*

Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_

Is your child a citizen of an EEA country (including the UK)?\* \_\_\_\_\_

### Siblings

Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

### Parent/Guardian Details

Father/Guardian	Mother/Guardian
Title:	Title:
Name:	Name:
Relationship to Child:	Relationship to Child
Address:	Address:
Postcode:	Postcode:
Tel (home):	Tel (home):
Mobile:	Mobile:
Email:	Email:
Education:	Education:
Name of Employer:	Name of Employer:

**\* If your child is a citizen of a non-EEA country we are required by the UKBA to see their passport.**



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## Education

Present School: \_\_\_\_\_ Present Year Group: \_\_\_\_\_

Address of Present School: \_\_\_\_\_  
\_\_\_\_\_

Please tick box to indicate you have submitted a copy of your child's most recent report to support your application.

### Date to join Lathallan School

### Class Entry

### Board Place Required?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_

Weekly: \_\_\_\_\_ Full: \_\_\_\_\_

### Other Relevant Information:

If your child has a known disability, medical condition or additional support needs which may require Lathallan School to incorporate special arrangements, please let us know by stating below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How did you hear about Lathallan School?

Website  Word of Mouth  Advertisement  Other

I hereby confirm that all details on this form are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_