



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: Admissions Office,
Lathallan School, Brotherton Castle, Johnshaven, Scotland DD10 0HN

**FOR OFFICE
USE ONLY**

Year Group	Year of Entry	Boarder	Date Received	Registration Fee	Taster Day	Offer

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)?* _____

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:

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



LATHALLAN SCHOOL

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 Please Specify _____

I hereby confirm that all details on this form are true and accurate to the best of my knowledge and that I agree to my data being processed as stated above.

Prospective Pupil

Signature: _____ Date: _____

Print Name: _____

Father/Guardian

Signature: _____

Print Name: _____

Date: _____

Mother/Guardian

Signature: _____

Print Name: _____

Date: _____

The information you provide in this form will be used for the purpose of processing your child's application to Lathallan School. It will not be shared with any third parties without your express consent. In the event your application is unsuccessful your information will be kept for a period of no more than 1 year at which time it will be securely destroyed.

Under data protection legislation you have the right to have your information erased or amended at any time. To exercise these rights, object to how your data is being processed or to request a copy of our privacy policy please contact dataprotection@lathallan.org.uk. Lathallan School does not use automated decision making.

Lathallan School's Admissions Policy can be found at www.lathallan.org.uk

Lathallan School is a registered charity SCO18423.