



Student Details Form

Forename Surname

Date of Birth / / Sex Male Female

Current School

Parents(s)/Guardian(s)

Title Mr Mrs Ms Miss Dr

Forename

Surname

Phone

Email

Title Mr Mrs Ms Miss Dr

Forename

Surname

Phone

Email

Full Postal Address

Please be as clear as possible exactly where you live. If it helps please include a map.

House No. or House Name

Street

Village/Town

Postcode

Admissions Criteria

Where number of applications exceed the number of places available, places will be allocated by applying the criteria listed below. Please tick if your child meets one or more of the criteria.

- | | | |
|----|---|--------------------------|
| 1. | Looked after children and previously looked after children including those who have been adopted | <input type="checkbox"/> |
| 2. | Children of a member of staff | <input type="checkbox"/> |
| 3. | Children who have a brother or sister attending a school in the Lunesdale Learning Trust at the time of admission | <input type="checkbox"/> |
| 4. | Children who have medical grounds for being admitted (supported by doctor's letter) | <input type="checkbox"/> |

Following the application of the above criteria a distance criterion will be applied:

'Proximity of the child's home to the school, with those living nearer being accorded the higher priority. Distance will be measured using postcodes and Google Maps. If the child has more than one address, that which is nearest to school will be used.'

For further information please see the Admissions Policy on the QESTudio website

Siblings

If your child has a brother(s) or sister(s) currently attending a school in the Lunesdale Learning Trust, please give his/her name(s) and date(s) of birth.

Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Form	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Form	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Form	<input type="text"/>

Signature

I/we certify that the information given on this form is correct

Name Signed Date _____

Please return this form to Mrs A Coulton, QESTudio School, Kirkby Lonsdale, LA6 2HJ. Alternatively, you can email the completed form to info@qestudio.org.uk