

# Application Form

## EASTCOURT INDEPENDENT SCHOOL

1, Eastwood Road, Goodmayes, IG3 8UW

Tel.: 020 85905472

Pupil's Surname ..... Boy/Girl .....

Pupil's Forenames in full .....  
(underline the name by which he/she is known)

Date of Birth ..... Admission sought for September .....

Nationality ..... Religion .....

Father/Guardian ..... Mother/Guardian .....

Name ..... Name .....

Address ..... Address .....

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Tel.: (Home) ..... Tel.: (Home) .....

Tel.: (Work) ..... Tel.: (Work) .....

Profession/  
Occupation ..... Profession/  
Occupation .....

Present School .....

Headteacher .....

Address .....

..... Telephone .....

State of Health .....  
(Please indicate any medical condition or disability)

Any special circumstances that should be known in the interests of the pupil .....

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Parents or guardians should sign the completed form to confirm that they have read, understood and agree to the Terms of Acceptance attached and that they will be jointly and severally liable for the payment of all fees due. The original form should be returned to the School in its entirety and a copy retained for the parents'/guardians' own records.

\*I/We hereby apply for the admission to Eastcourt Independent School of \*my/our \*son/daughter/ward and agree to be bound by the terms of this application and by the Terms of Acceptance attached.

Signed ..... Date .....

Signed ..... Date .....

(\*Delete the words not applicable)