

# Student Application Form

## DETAILS OF STUDENT:

Starting \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Surname: \_\_\_\_\_

Given Legal Name: \_\_\_\_\_

(please underline name normally used)

Sex: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Name of Present School: \_\_\_\_\_

Name of Head: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Dates attended: from \_\_\_\_\_

to \_\_\_\_\_

## FOR SCHOOL USE ONLY

Visit: \_\_\_\_\_

Choice: \_\_\_\_\_

Interview: \_\_\_\_\_

Report  
Req'd: \_\_\_\_\_

Report  
Rec'd: \_\_\_\_\_

Accepted: \_\_\_\_\_

Class  
Entry: \_\_\_\_\_

Fees: \_\_\_\_\_

## Details of Parents

### Father

Initiated

Name: \_\_\_\_\_

Full Legal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone:(home)\_\_\_\_\_ (office)\_\_\_\_\_ Email:\_\_\_\_\_

Occupation:\_\_\_\_\_

### Mother

Initiated

Name: \_\_\_\_\_

Full Legal

Name: \_\_\_\_\_

Address: (if different from  
above)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone:(home)\_\_\_\_\_ (office)\_\_\_\_\_ Email:\_\_\_\_\_

Occupation:\_\_\_\_\_

Are parents

divorced/separated?\_\_\_\_\_

If either, who has legal

custody?\_\_\_\_\_

Person to whom accounts for fees etc should be  
sent:\_\_\_\_\_

Address (if different from  
above): \_\_\_\_\_

\_\_\_\_\_

Signature of parent or legal guardian who is responsible for application and  
accepting legal responsibility for paying fees:

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

Please will you tell us anything else you would like us to know about the  
student under the following sections;

Academic interests:

\_\_\_\_\_

Other non-academic interests e.g. - games, music, art, hobbies etc:

\_\_\_\_\_

Special health and medication requirements:

\_\_\_\_\_

Name, address and telephone number of your family G.P:

\_\_\_\_\_

Does the student have any disabilities? If yes please give details:

\_\_\_\_\_

Anything else e.g. history of schooling:

\_\_\_\_\_

Please give any other information not detailed in the above sections:

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Please give details of any brothers or sisters (dates of birth) who will be applying in the future to the Manor School:

Names	Dates of Birth

## Guardian

You will need to appoint a friend, relative or colleague who will act as guardian on your behalf in emergencies when you cannot be contacted.

Guardian's Title and Full

Name: \_\_\_\_\_

Guardian's home address in the

UK: \_\_\_\_\_

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Telephone

number: \_\_\_\_\_

Guardian's relationship to

parents: \_\_\_\_\_

student: \_\_\_\_\_

Please return the completed form to: [headteacher@bvmschool.co.uk](mailto:headteacher@bvmschool.co.uk)

The Head Teacher (Gunacuda Dasi)  
Gurukula – The Hare Krishna Primary School  
Hartspring Cottages  
Elton Way  
Watford  
WD25 8HB

Tel: (01923) 851005

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The information you have provided on this form is for the School's use only. Some of it may be stored in computer file for the School's convenience and for gathering statistics needed either by us or by legal UK statutory authorities who do not usually require names. The stored data will be accessible only by senior administrative staff of the school and will not be accessible directly or indirectly by pupils or anyone outside the School. Your rights are covered by the UK Data Protection Acts and you may request to have a print of all the information stored for computer use.

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