

Supplementary Information Form for Year 7 entry September 2010

This form must be signed by your primary school headteacher in the space provided below. Failure to do so will result in delays in processing this application.



A Co-Educational Foundation School
Excellence for All
94-98 Leigham Court Road
Streatham, London SW16 2QB
Telephone 020 8677 2431
Fax 020 8664 7242
Principal David Boyle BA NPQH FRSA

IMPORTANT: CLOSING DATE FOR RETURN OF THIS FORM TO DUNRAVEN SCHOOL FRIDAY 23 OCTOBER 2009

CHILD'S FORENAME 1	CHILD'S FORENAME 2	CHILD'S SURNAME 1

Please tick appropriate box MALE FEMALE DATE OF BIRTH _____

Twin/Triplet/Half Brother/Sister applying for Year 7 admission in September 2010 YES NO FORENAME(S) _____

Parent /Guardian with whom the child lives:

Mr/Mrs/Miss/Ms	INITIALS	SURNAME	RELATIONSHIP TO CHILD	TELEPHONE

ADDRESS _____

POST CODE _____ BOROUGH OF RESIDENCE _____

Please attach proof of residence in the form of a copy of a current Council Tax Bill. EVIDENCE ATTACHED

Will a Brother or Sister be on roll at Dunraven School in September 2010 (Please tick appropriate box.) YES NO

If YES please give NAME _____	CURRENT TUTOR GROUP _____	DATE OF BIRTH _____
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Is this child under the care of the Local Authority? EVIDENCE ATTACHED
Please tick the box opposite and attach supporting evidence.

If you consider your child to have an **exceptional** social or medical need which can only be met by Dunraven School, please tick the box opposite and attach **professional** supporting evidence. EVIDENCE ATTACHED

If you are also applying to any or all of the following, Dunraven, St. Martin's, La Retraite Schools, your daughter must sit the test only once. At which school would you like your child to sit the test? (Please tick appropriate box.)
Dunraven St. Martin's
La Retraite

NAME OF CHILD'S PRESENT SCHOOL _____

ADDRESS _____

POST CODE _____ TELEPHONE NO. _____ LOCAL AUTHORITY _____

DATES ATTENDED FROM / / TO / /

PLEASE ASK YOUR PRIMARY HEADTEACHER TO COMPLETE AND SIGN THIS SECTION

Is this child on the SEN register? YES NO If YES, please indicate: School Action School Action+ Statement

Does this child need support in English as a Second Language? YES NO

I confirm that the information provided above is correct.

SIGNED _____ POSITION _____ DATE _____

THIS SECTION FOR DUNRAVEN SCHOOL OFFICE USE ONLY

Date Received	Computer Ent.	EAL	SEN	LAC	Sibling	Soc/Med
Acknowledged						

Please turn over →

Does this child have any health problems, special education needs or difficulties regarding gaining access to Dunraven buildings that we need to be aware of for the Admission Test (eg epilepsy, hearing or sight problems, dyslexia, mobility issues or any other relevant special needs)?

If YES, please briefly state these needs so that we may make appropriate arrangements.

YES NO

ETHOS STATEMENT

At Dunraven School everyone will act with courtesy and consideration to others at all times, aiming to be an effective and successful learner and a good citizen.

This means that students:

- Wear their school uniform correctly and with pride
- Always try to understand other people's point of view
- Move gently and quietly about the school
- Speak politely to everyone – shouting is always discourteous
- Are silent whenever required to be
- Keep the school clean and tidy so that it is a welcoming place of which we can be proud
- Treat their school and community with respect
- Always do their best to be an independent and co-operative learner
- Always attend school, on time, every day
- Always remember that Dunraven's reputation depends on the way they present themselves and behave walking or travelling locally or with a school group as well as on the school site

This will support Dunraven school's ultimate aim to deliver 'Excellence for All'.

PARENTS' CHECKLIST

Have you:

Checked this form is completed in full, clearly and accurately?

Attached a **copy** of your **current** Council Tax Bill?
N.B. We are unable to provide a copying service on site.

If this child is under the care of the Local Authority, have you attached a court order or similar evidence?

If this child has an **exceptional** social or medical need for a place have you attached professional supporting evidence?

Asked your Primary Headteacher to complete and sign overleaf?

Signed the declaration?

Enclosed a small stamped self-addressed envelope?

Please forward to:
The Admission Officer
Dunraven School
94-98 Leigham Court Road
London SW16 2QB

Have you completed the Common Application Form and sent it to your Local Authority?

DECLARATION

I understand that any false or deliberately misleading information given may render this application invalid or lead to the offer of a place being withdrawn. I confirm that I agree with and will support the school's stated ethos.

NAME OF ADULT COMPLETING THIS FORM (PLEASE PRINT)	SIGNATURE OF PARENT/GUARDIAN	DATE
