

Application Form

School Address: Bryn, Llanelli, Carmarthenshire, UK, SA14 9TU

T: (01554) 820 325

F: (01554) 821 716

Main Office:

office@stmikes.co.uk

Accounts:

bursar@stmikes.co.uk

Admissions:

admissions@stmikes.co.uk

Headmaster:

Benson Ferrari MA



St. Michael's School
Senior & Sixth Form • Prep & Pre-Prep

Student Details (please use BLOCK capitals to complete the form)

Surname:

First Names:

Home Address:

Male: Female: Date of Birth: / /

Nationality:

Ethnicity:

Email:

Telephone No:

Mobile:

British Passport Holder?

Yes:

No:

Passport No: (We will take a copy of the original):

Father's Surname (Including Title):

Father's First Name:

Occupation or job title:

Place of Employment:

Email:

Mobile:

Mother's Surname (Including Title):

Mother's First Name:

Occupation or job title:

Place of Employment:

Email:

Mobile:

School Background

Current School:

From-To (mm/yy):

Previous School:

From-To (mm/yy):

Qualifications (We will require verification of reports/certificates. Please tick to indicate what you are enclosing)

- School Reports/Transcripts for last 2 years of study Educational certificates including any awards
 A School report which includes predicted grades for any future exams Language Certificates
(International applicants: IELTS/ Cambridge PET/ FCE)

Admission

Proposed Start Date: Current Year Group:

Course of Interest (Please tick):

- Nursery & Pre Prep (3-6 years of age) Prep (7-11 years of age) Pre-GCSE (11-14 years of age)
 G.C.S.E. (14-16 years of age) A LEVEL (16-18 years of age) EFL support required

Please list subject choices (A Level students only):

A Level applicants please state the degree route you are intending to follow at University:

Additional Information

- | | | |
|--|---|--|
| Has your child any medical condition(s) or disabilities we should be aware of? | Has your child ever been suspended, asked to leave or expelled from school? | Has your child any learning difficulties (whether diagnosed or suspected)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are there/have there ever been any safeguarding & child protection matters, in or out of school, which we should be aware of for the safety of your child & others?

- Yes No

If the answer to any of these questions is yes, please provide full details/reports on a separate sheet of paper & securely attach it to this form.

Registration type

I am applying to be a: Day Student Weekly Boarder Boarder

Please state the name of the person responsible for paying your fees:

Surname: First Name:

Relationship to student:

How did you hear about St. Michael's School?

Declaration *I agree the information I have stated on this form is correct and I have answered all the questions to the best of my knowledge & belief. I recognise that the offer of a place is contingent on the accuracy of this information and have not knowingly withheld anything related to this application.*

Student Signature:

Print Name:

Date:

Parent/Guardian Signature:

Print Name:

Date: