

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?

Yes No

Has your child ever been suspended, asked to leave or expelled from school?

Yes No

Has your child any learning difficulties (whether diagnosed or suspected)?

Yes 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: