

# The Landmark International School, Cambridge

**Telephone:** 01223 755100  
**email:** admissions@lischool.co.uk  
**website:** http://LandmarkInternationalSchool.co.uk/

## Application for a Place

Thank you for expressing an interest in sending your child to the Landmark School in Fulbourn, Cambridge. In order for us to process your application, please provide us with the following information and send a non-refundable deposit of £100, to cover administrative expenses, by cheque made payable to *Landmark International School*, to the Admissions Officer, Landmark International School, 9 Church Lane, Fulbourn, Cambridge CB21 5EP or by electronic transfer to:

Barclays Bank plc  
 Account name: Landmark International School  
 Sort code: 20-41-15  
 Account number: 03027430  
 Swift Code – BARCGB22  
 IBAN – GB48 2041 1503 0274 30  
 Reference: *your child's family name*

Full Names of Child (please indicate what he/she prefers to be called)	Names <input style="width: 90%;" type="text"/>
	Preferred name <input style="width: 90%;" type="text"/>
Your name, address, contact details and relationship to the child	Name <input style="width: 90%;" type="text"/>  Address <input style="width: 90%; height: 40px;" type="text"/>  Relationship <input style="width: 90%;" type="text"/>  Email <input style="width: 90%;" type="text"/>  Phone <input style="width: 40%;" type="text"/> Mobile <input style="width: 40%;" type="text"/>
Date of birth/Gender of child	Date of birth <input style="width: 90%;" type="text"/>  Gender <input style="width: 90%;" type="text"/>
Names and dates of birth of siblings	Name <input style="width: 40%;" type="text"/> DoB <input style="width: 40%;" type="text"/> Name <input style="width: 40%;" type="text"/> DoB <input style="width: 40%;" type="text"/> Name <input style="width: 40%;" type="text"/> DoB <input style="width: 40%;" type="text"/>
Do both parents have parental responsibility? What is their marital status?	<input type="radio"/> Both parents share parental responsibility for this child <input type="radio"/> I have sole parental responsibility for this child  Parents' marital status <input style="width: 90%;" type="text"/>

Term time address of child if different from your address above	Address <input type="text"/>
Emergency telephone numbers	Mother <input type="text"/> Father <input type="text"/>
Preferred date and class of entry	Date <input type="text"/> Year <input type="text"/>
Preferred optional subjects	<input type="text"/>
Current school	Name <input type="text"/> Address <input type="text"/> Date joined <input type="text"/> Website <input type="text"/>
Any specific learning issues; have these been assessed by a specialist (if so, please give details, including details of learning assistance, etc)	<input type="text"/>
Any medical condition, health issues, allergies and/or social, behavioural or emotional issues?	<input type="text"/>
Any dietary requirements	<input type="text"/>
Nationality (if not British) <sup>1</sup>	<input type="text"/>
What is your child's first language (if not English)?	<input type="text"/>

I confirm that I have parental responsibility for the child on whose behalf I have completed this form.<sup>2</sup> I understand that the School may need to obtain, process and hold personal information about my child and his/her parents (which may include sensitive medical or financial information) in order to process this application and to safeguard and promote the welfare of my child, if offered a place, and I consent to this.

Signature .....

Name in full

Date

<sup>1</sup> – If your child is not an EEA or Swiss citizen, then we will need to see confirmation that he/she has appropriate permission to remain in the UK.

<sup>2</sup> – All people with parental responsibility will need to consent to a child attending the School, but we can process applications signed by one parent.