



### Parent/Guardian Information

Name of Parent/Guardian:	
Telephone Number:	
Email Address:	
Home Address:	

### Student Information

Forename:	
Surname:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	
Year Group of entry:	
Date of Entry (Month and Year):	

**Sixth Form Students** – Please also complete Sixth Form Application Form

Current school: Please include an email address and a telephone number.	
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Are there any special circumstances we should be aware of? If yes please provide details.	
Areas of Special Interest:	

Is the Student a British/EU passport holder or do they have right of residency in the UK?  Please attach a copy of the passport for the student. <b>We are unable to accept students who do not meet this criteria.</b>	British Passport holder <input type="checkbox"/> EU Passport holder <input type="checkbox"/> Please state which country Right of Residency in the UK <input type="checkbox"/>
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Any Questions?	
How did you hear about De Aston? Please circle.	Word of Mouth <input type="checkbox"/> Other, please state <input type="checkbox"/> Internet <input type="checkbox"/> Agency <input type="checkbox"/>

**Please complete this form and return to Miss Sheldrick at [deborah.sheldrick@de-aston.lincs.sch.uk](mailto:deborah.sheldrick@de-aston.lincs.sch.uk)**