



Liverpool College

Application Form for Year 3 September 2018

| Pupil's details | |
|-----------------|---|
| Surname: | |
| Forename(s): | |
| Date of birth: | / / Gender: Male Female (please circle) |
| Address: | |
| | |
| | Postcode: |
| Current School: | |

| Parent or Guardian details | |
|---|---|
| Surname: | |
| Forename(s): | |
| Title (Mr/Mrs/Ms/Dr etc.): | |
| Address: | |
| | |
| | Postcode: |
| Telephone numbers | Home: |
| | Mobile: |
| Email address: | |
| Relationship to Child: (please tick appropriate box) | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |

| | |
|---|--|
| Are you employed by Liverpool College and have been employed continuously by the College for 2 years or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Liverpool College Queens Drive Mossley Hill Liverpool L18 8BG

0151 724 4000 admin@liverpoolcollege.org.uk www.liverpoolcollege.org.uk

| About your child | | |
|--|---|----|
| Is the child a Looked After Child in the care of the Local Authority or been previously 'looked after' and has now been adopted by you (or become subject to a residence order or special guardianship order)? | Yes <i>(Please provide evidence)</i> | No |
| Does your child have a statement of special educational needs (SEN) or Education, Health and Care (EHC) plan that names Liverpool College | Yes | No |

| Siblings at Liverpool College |
|--|
| Please give the name(s) of any sibling(s)* who will be pupils at Liverpool College in Years Reception to Year 13 on the date of admission. |
| |
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| |

| Declaration |
|---|
| I declare the information on this application form to be true and correct and agree that it can be subject to verification. |
| Signed (Parent / Guardian): _____ Date: _____ |
| OR |
| Signed (Student): _____ Date: _____ |

**Please return this form to the Registrar, Liverpool College, Queens Drive, Liverpool, L18 8BG
BY 17th FEBRUARY 2018**