General Enquiry Form

Please make sure to fill in all boxes.

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| Section 1: Student’s Personal Details |
| **Full given name** |  |
| **Date of Birth** |  |
| Section 2: Guardians and Responsible Adults Details |
| **Full given name** |  |
| **Relationship to student** |  |
| **Phone and Email** |  |
| Section 4: Background & Safeguarding |
| **SEMH Issues** (Social, Emotional, Mental Health) |  |
| **Required student : adult ratio** | 4:1 2:1 1:1 1:2 |
| **Current school, year group and academic level** |  |
| **Weekly hours for Core Subjects Required** | **Maths:** | **English:** | **Science:** |
| **Requested additional subjects (and hours)** |  |
| **Does the student have an ECHP?** |  |
| **Referrers name** |  |
| **Date** |  |
| Upon receipt of a general enquiry form, we will let you know if we have availability. The next step is to then fill in a full Student Referral Form to begin the process of enrolment. |