



A LEADING EDGE SCHOOL WITH A SPECIALISM IN THE PERFORMING ARTS

Admissions information for 'Second parent' Private & Confidential

If any parent(s) that do not live with the student but require copies of school reports, please complete this form on their behalf. Providing this information is optional.

Student's Full Name: _____ Student's DOB: _____

Surname of Second Parent: _____ Forename: _____

Gender: Male/Female

Title: Mr/Mrs/Miss/Ms/Dr/Rev Other: _____

Postcode: _____ House Number/name: _____

Street: _____ Town: _____

County: _____

Relationship to student: E.G. Mother, Father etc. _____

Email address: _____ Mobile Number: _____

Home tel no: _____ Work tel no: _____

In an emergency can the school contact the second parent? Yes / No

This information has been provided by:

Name (please print): _____

Relationship to student: _____

Signature: _____