



# application for admission

Application for Session: \_\_\_\_\_ Class: \_\_\_\_\_ Date of application: \_\_\_\_\_

Child's surname: \_\_\_\_\_

Child's first and middle name(s): \_\_\_\_\_

Please underline name normally used or add within parentheses any other name by which the child is generally known

Child's date of birth: \_\_\_\_\_ Child's sex: Male / Female

Parent name: \_\_\_\_\_ Parent name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ Telephone number (home): \_\_\_\_\_

Telephone number (work): \_\_\_\_\_ Telephone number (work): \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please complete details overleaf*

I/We, being the person/persons having parental rights in respect of the above named child (who is hereinafter referred to as "the Pupil");-

- (1) hereby apply for a place at Clifton Hall School for the Pupil, and for the Pupil to become a pupil at the School, with effect from the Admission Date specified above;
- (2) enclose a non-refundable application fee of £75 in respect of the receipt and consideration of this application by the School;
- (3) recognise that there is no obligation on the School to offer a place at the School for the Pupil or to accept the Pupil as a pupil of the School and that this application is subject to any admissions policy which the School may from time to time have; and
- (4) authorise the Pupil's current school named above to (a) confirm to the School whether all fees in respect of the Pupil have been paid to that current school and (b) disclose to the School information on the pupil (eg academic report and pupil profile), and authorise the School to disclose this application and authorisation to that current school.

If the School offers a place at the School for the Pupil, then the offer shall be deemed to have been declined and refused if it is not accepted by me/us within the time stipulated in the offer.

**If there are any circumstances (including any disability\* or medical condition) which might require your child be given special assistance at the School or of which you think the School should be aware, please circle "yes or no" and give details to the School in a separate letter to accompany this form.**

\* The Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 defines 'disability' as:

"A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities."

"impairment": physical or mental impairments, including sensory impairments (e.g., sight / hearing) but not one consisting of a mental illness

"substantial adverse effect": more than a minor or trivial effect... a limitation going beyond the normal differences in ability which might exist among people

"long term effect": one which has lasted at least 12 months; where the total period is likely to be at least 12 months; or it is likely to last the rest of their life

"normal day-to-day activities": those carried out by most people on a fairly regular and frequent basis.

The test of whether an impairment affects normal day-to-day activities is whether it affects one of the following:

*(please circle "y" or "n" below):*

- y / n (a) mobility;
- y / n (b) manual dexterity;
- y / n (c) physical co-ordination;
- y / n (d) continence;
- y / n (e) ability to lift, carry or otherwise move everyday objects;
- y / n (f) speech, hearing, or eyesight;
- y / n (g) memory or ability to concentrate, learn or understand;
- y / n (h) perception of the risk of physical danger.

*Please fill out your details on the following page*



Child's current school/nursery: \_\_\_\_\_ Current class: \_\_\_\_\_

School/nursery address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Head teacher's name: \_\_\_\_\_

May we approach this school/nursery for a reference? YES / NO

Child's brothers and sisters:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Should you wish to be considered for a discretionary bursary award  
of up to 75% of the cost of fees please delete as appropriate:

YES / NO

(The assessment process will require, in due course, evidence of family financial circumstances)

Please return this form, completed and signed, to:

**Mr R Grant, Headmaster, Clifton Hall School, Newbridge, Midlothian EH28 8LQ**

together with:

(i) a cheque/cash for £75 in payment of the application fee referred to above;

and

(ii) a copy of the child's Birth Certificate

\_\_\_\_\_

Fee received:

Application Number:

Year of Proposed Entry:



**CLIFTON HALL**  
SCHOOL · EDINBURGH  
(incorporating St. Serfs)

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**CLIFTON HALL SCHOOL** Newbridge, Edinburgh EH28 8LQ  
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