



application for admission

Proposed date of entry: _____ Proposed school year group: _____

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 gender: _____

Title: _____ Surname: _____

First name: _____

Relationship to child: _____

Address: _____

Title: _____ Surname: _____

First name: _____

Relationship to child: _____

Address: _____

Postcode: _____

Postcode: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Telephone number (home): _____

Telephone number (home): _____

Telephone number (work): _____

Telephone number (work): _____

Telephone number (mobile): _____

Telephone number (mobile): _____

E-mail: _____

E-mail: _____

Signature: _____

Signature: _____

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 £120 (incl VAT). 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.



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 100% 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:

Mrs Jill Drummond, Headteacher, Clifton Hall School, Newbridge, Midlothian EH28 8LQ

together with:

- (i) a cheque/card/cash/bank transfer for £120 (incl VAT). (non-refundable) in payment of the application fee referred to above; and
- (ii) a copy of the child's Birth Certificate

Admissions Privacy Acknowledgement

I, _____ (parent 1 name), acknowledge that on _____ (date), I received a copy of Clifton Hall School's Admissions Privacy Notice and that I have read and understood it.

Signature:

Name:

I, _____ (parent 2 name), acknowledge that on _____ (date), I received a copy of Clifton Hall School's Admissions Privacy Notice and that I have read and understood it.

Signature:

Name:

I, _____ (prospective pupil name), acknowledge that on ___ (date), I received a copy of Clifton Hall School's Admissions Privacy Notice and that I have read and understood it.¹

Signature:

Name:

¹ A prospective pupil who is 12 years of age or older should also sign this form



CLIFTON HALL
SCHOOL · EDINBURGH

CLIFTON HALL SCHOOL Newbridge, Edinburgh EH28 8LQ
T: 0131 333 1359 F: 0131 333 4609 E: office@cliftonhall.org.uk www.cliftonhall.com