

APPLICATION FORM

Please complete this form as fully and accurately as possible as information will be used for examination entrance.

Please check our website for terms and conditions.

Return your completed application form to dld@dld.org

Photograph to be provided when student arrives at the college

SECTION 1 - Student Details

| | | | | | | | | |
|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|-----------------------|----------------------|----------|----------------------|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Other <input type="checkbox"/> | Telephone | <input type="text"/> | Mobile | <input type="text"/> |
| Family Name | <input type="text"/> | | | | Student email address | <input type="text"/> | | |
| First Name | <input type="text"/> | | | | Home Address | <input type="text"/> | | |
| Gender | <input type="text"/> | | | | <input type="text"/> | | | |
| Date of Birth (dd/mm/yy) | <input type="text"/> | | | | City | <input type="text"/> | Postcode | <input type="text"/> |
| | | | | | Country | <input type="text"/> | | |

SECTION 2 - Parents

| Parent 1 | Parent 2 | | | | | | | | | |
|---|--|------------------------------|-------------------------------|--------------------------------|---|--|------------------------------|-------------------------------|--------------------------------|--|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Other <input type="checkbox"/> | Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Other <input type="checkbox"/> | |
| Family Name | <input type="text"/> | | | | Family Name | <input type="text"/> | | | | |
| First Name | <input type="text"/> | | | | First Name | <input type="text"/> | | | | |
| Relationship to Student | <input type="text"/> | | | | Relationship to Student | <input type="text"/> | | | | |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> | | | Telephone | <input type="text"/> | Mobile | <input type="text"/> | |
| Email Address | <input type="text"/> | | | | Email Address | <input type="text"/> | | | | |
| Contact Address (if different from above) | <input type="text"/> | | | | Contact Address (if different from above) | <input type="text"/> | | | | |
| City | <input type="text"/> | Postcode | <input type="text"/> | | | City | <input type="text"/> | Postcode | <input type="text"/> | |
| Country | <input type="text"/> | | | | Country | <input type="text"/> | | | | |
| To receive reports, absence alerts and exam results | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | To receive reports, absence alerts and exam results | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |

SECTION 3 - Emergency contact

Provide details of the person to be contacted in an emergency if we are unable to contact parents or legal guardian

| | | | | | | | | | |
|-------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|--|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Other <input type="checkbox"/> | Email Address | <input type="text"/> | | | |
| Family Name | <input type="text"/> | | | | Contact Address | <input type="text"/> | | | |
| First Name | <input type="text"/> | | | | <input type="text"/> | | | | |
| Relationship to Student | <input type="text"/> | | | | City | <input type="text"/> | Postcode | <input type="text"/> | |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> | | | Country | <input type="text"/> | | |

SECTION 4 - Course Selection

GCSE Programme

September (1 year)

BTEC - 2 years (September only)

Business Media Production Music Technology

A Levels

September (2 years) *September (1 year)

* Only applicable if students have done A Levels before or wish to re-sit a subject

SECTION 5 - Education History

Previous School

Date of study (dd/mm/yy)

Address

Date you received (or will receive) your certificate

(dd/mm/yy)

City Postcode

Please include your 13 digit UCI number

Country

SECTION 6 - Medical and support needs

Do you have a medical condition eg. Chronic conditions, allergies, asthma, diabetes? Yes No

Do you have a disability? Yes No

Do you have any special educational needs? Yes No

Have you been convicted of a criminal offence? Yes No

Would you like to board with us? Yes No

If you have answered Yes to any of the above, please provide details below or attach supporting evidence

Preferred Doctor

Address

Phone Number

SECTION 7 - Application checklist and declaration

We require the following section to be completed in order to process your application

Check that you have:

Completed all sections of the application form

Student Signed

Attached certified copies of your academic transcripts

Date (dd/mm/yy)

Attached a copy of your passport or birth certificate

Parent 1

I confirm that I have read and understood the [Privacy Policy](#)

Signed

Date (dd/mm/yy)

Parent 2

Signed

Date (dd/mm/yy)