

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-admissions@dld.org

SECTION 1 - Student Details

Title Mr Mrs Miss Other

Family Name

First Name

Gender

Date of Birth (dd/mm/yy)

Telephone Mobile

Student email address

Home Address

City Postcode

Country

SECTION 2 - Parents

Parent 1

Title Mr Mrs Miss Other

Family Name

First Name

Relationship to Student

Telephone Mobile

Email Address

Contact Address (if different from above)

City Postcode

Country

To receive reports, absence alerts and exam results

Yes No

Parent 2

Title Mr Mrs Miss Other

Family Name

First Name

Relationship to Student

Telephone Mobile

Email Address

Contact Address (if different from above)

City Postcode

Country

To receive reports, absence alerts and exam results

Yes No

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 Mrs Miss Other

Family Name

First Name

Relationship to Student

Telephone Mobile

Email Address

Contact Address

City Postcode

Country

SECTION 4 - Course Selection

Year of Entry

Year 9

GCSE

2 year

1 year

A Level

2 year

*1 year

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

BTEC

2 years

1 year

Anticipated BTEC Subject (If not yet known, please do not select an option)

Business Studies

Digital Media Production

Computer Science

Applied Science

Anticipated A Level Subjects (If not yet known, please leave blank)

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

Attached certified copies of your academic transcripts

Attached a copy of your passport or birth certificate

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

Student

Signed

Date (dd/mm/yy)

Parent 1

Signed

Date (dd/mm/yy)

Parent 2

Signed

Date (dd/mm/yy)