



Thank you for applying to The British School of Gran Canaria. Please provide the following information (USE BLOCK CAPITALS):

Where did you obtain information about our school?	
Why have you selected The British School of Gran Canaria for your child's education?	
Anticipated start date	

Name of Child 1		Lives with: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents sep.* <input type="checkbox"/>			
DOB	Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Level of English: native / good / some / none			
Place of birth	DNI/NIE/Passport no.	Valid until:			
Nationality		Mother tongue(s)			
Name, city & country of previous school(s)		From:	To:		

Name of Child 2		Lives with: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents sep.* <input type="checkbox"/>			
DOB	Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Level of English: native / good / some / none			
Place of birth	DNI/NIE/Passport no.	Valid until:			
Nationality		Mother tongue(s)			
Name, city & country of previous school(s)		From:	To:		

Siblings not mentioned above:		
DOB:	Currently in BSGC	Yes / No
DOB:	Currently in BSGC	Yes / No

Have either of the above received Learning Support? Please give details.

Do either of the above have special educational needs or disabilities? Please give details.

Do either of the above have important medical needs? (Please give details on separate form)

For Y7-Y9 Secondary Candidates: Are you currently learning either of these languages?		
French	German	Other (specify):

For Y7-Y9 Secondary Candidates: Which of these languages would you prefer?	
French	German

Will the student(s) be requiring school lunches?	
Yes	No

Legal Guardian 1		
Full Name		
DNI/NIE/Passport		Nationality
Occupation		Ex BSGC student? Yes / No
Address (if different from above)		From/To:
		Mobile no.
		Home no.
Postcode	Country	Work no.
E-mail		

Legal Guardian 2		
Full Name		
DNI/NIE/Passport		Nationality
Occupation		Ex BSGC student? Yes / No
Address (if different from above)		From/To:
		Mobile no.
		Home no.
Postcode	Country	Work no.
E-mail		

In case of an emergency:	Name	Relationship
1) Tel:		
2) Tel:		
3) Tel:		
4) Tel:		

South School Pre-School Candidates ONLY complete this section:	From	To
<input type="checkbox"/> Half-day without lunch	8.40h	12.00h
<input type="checkbox"/> Half-day + school lunch	8.40h	12.30h
<input type="checkbox"/> Half-day + packed lunch	8.40h	12.30h
<input type="checkbox"/> Full-day + school lunch	8.40h	15.30h
<input type="checkbox"/> Full-day + packed lunch	8.40h	15.30h

Legal Guardian 1 Signature	Legal Guardian 2 Signature
Date of Application:	

* If legal guardians are separated, please supply custody papers