Once completed this form should be returned by **31st October 2016** to
Admissions Officer, The London Nautical School, 61 Stamford Street, London, SE1 9NA
Email: cknight@nautical.lambeth.sch.uk Tel: 020 7902 5045 Fax: 020 7261 9408

<table>
<thead>
<tr>
<th>CHILD’S SURNAME</th>
<th>CHILD’S FORENAME</th>
<th>UPN</th>
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- **Twin/Triplet/Half Brother applying for Year 7 admission in September 2017**: 
  - YES ☐ NO ☐

- **DATE OF BIRTH**: 

**Parent/Guardian with whom the child lives:**

- **Mr/Mrs/Miss/Ms**
- **INITIALS**
- **SURNAME**
- **RELATIONSHIP TO CHILD**
- **TELEPHONE**

**Email**

**Address**

**ADDRESS**

____________________________________________________________________________________________

____________________________________________________________________________________________

**POST CODE** ______________________ **BOROUGH OF RESIDENCE** ______________________

- **Will a Brother or Sister be on roll at The London Nautical School in September 2016?** (Please tick appropriate box) YES ☐ NO ☐

- **If YES please give NAME**
- **CURRENT TUTOR GROUP**
- **DATE OF BIRTH**

- **Is this child under the care of the Local Authority?** YES ☐ NO ☐
  - Evidence Attached ☐

**Admissions Test:** If you are applying to any or all of the following schools, Archbishop Tenison’s, Dunraven, Lambeth Academy, Lilian Baylis, London Nautical, Platonas College, St Gabriels’ College, or Norwood School your child will sit the test **only once**. Please tick the box indicating the school where you wish your son to sit the test. **Please make sure you have applied to that school. (tick one box only).**

- **Please tick one box only**
  - Archbishop Tenison (boys only)
  - Dunraven
  - Lambeth Academy
  - Lilian Baylis
  - London Nautical (boys only)
  - Platonas College
  - St Gabriels’ College
  - Norwood School

**Name of Child’s Present School** ______________________________________________________________________________

**Address** ________________________________________________________________________________________________

____________________________________________________________________________________________

**Postcode**: _____________________ **Telephone No.** _______________________________ **Local Authority**: ______________________

**PLEASE ASK YOUR PRIMARY HEADTEACHER TO COMPLETE AND SIGN THIS SECTION**

- **Is this child on the SEN register?** YES ☐ NO ☐

- If yes, please indicate: School Action ☐ School Action+ ☐ Statement ☐ ECHP ☐

**Children with statemented/ECHP should not complete the application process but should contact their SEND department.**

**SIGNED** ______________________ **POSITION** ______________________ **DATE** ______________________

**NAME OF ADULT COMPLETING THIS FORM** ______________________ **SIGNATURE OF PARENT/GUARDIAN** ______________________ **DATE** ______________________

*Please print*