



GESHER APPLICATION FORM

Please complete this form and send it to admissions@gesherschool.com alongside supporting documentation as detailed in the Admissions Policy. Please note that all information provided will remain confidential and will only be viewed by members of the Gesher Admissions Team.

Child's Full Name	
Child's Date of Birth	
Home Address	
Home telephone no. Mobile number	
E-mail	
Parent/Guardian Names	
Current School/ Nursery	
Current Year Group	
Local Authority	
Preferred start date (please circle):	<p style="text-align: center;">In-year admission (prior to July 2020)</p> <p style="text-align: center;">September 2020</p>

g) Does your child seek or avoid the following: (Circle as appropriate, give examples)?

Light	seek or avoid	e.g.
Sound	seek or avoid	e.g.
Touch	seek or avoid	e.g.
Smell	seek or avoid	e.g.
Taste	seek or avoid	e.g.
Movement	seek or avoid	e.g.

h) What helps your child learn at school? If in school, is your child working below, at or above age-related expectations

i) Does your child need help with dressing, eating and toileting? Please briefly describe.

j) Has your child been suspended or excluded from a previous learning environment? Please provide details.

k) Do they demonstrate any challenging behaviours (i.e. verbal aggression, physical aggression, defiance)? If so, please describe.

l) What do you admire about your child?

The information I have provided above is true to the best of my knowledge.

Signed:

Name:

Date: