

APPLICATION FORM FOR A SCHOOL IN THE GENERAL SCHOOL SYSTEM

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's family/last name(s) Given/first name NIF/Passport Number Date of birth

and, on his/her behalf _____ and _____

_____ Father or tutor's name NIF /Passport Number Mother or tutor's name NIF /Passport

STATE :

That during the present school year the Applicant was currently studying:

Year Level/Stage School City

REQUEST:

Admission for the Academic year 2006 /2007 as a pupil of :

Name of the school City

(Academic level you are applying for)

1. Nursery Infant Education 2. Primary Education 3. Compulsory Secondary Education

4. Baccalaureate _____

Modality

5. Middle grade vocational training _____

Name of the training cycle

How will the Applicant access the above level?

With academic requirements With no academic requirements

1. The permanent family address or work address of the applicant or legal representative is:

Street , number, Post Code, City, Province Telephone

2. The applicant has siblings who attend and will continue to attend at the school you are applying for during the coming academic year:

Family name and given name of the sibling Current academic year Level

3. The Applicant's family unit consists of _____members.

The family unit's annual income two tax years ago was _____

4.The Applicant has a certified degree of disability of 33 percent or more.

Yes No

5. Father/ mother's Applicant or a sibling has a certified degree of disability of 33 percent¹ or more

6.The Applicant has got a chronic disease affecting his/her digestive, endocrine or metabolic system that requires a complex diet and strict food control on which his/her health depends. Yes No

7. Does the Applicant belong to a large family? Yes No

[Grid for personal data entry]

Applicant’s family/last name(s) Given/first name NIF/Passport Number Date of birth

Please enclose the documents listed below to support the above declaration (check the appropriate box):

- Evidence of your permanent address.
Evidence of your work address.
Certification of your disability.
Certification of your father, mother or sibling's disability.
Certification of your chronic disease.
Certification as a member of a large family.
Academic record.

Tax data

To certify the family unit’s per capita income, the undersigned expressly state that they are up to date in their tax payments. They hereby authorise the competent Education Department body to receive their tax data for two years ago from the Spanish Treasury².

DNI/Passport Family relationship Date of birth
First surname Second surname Given name
Signature:

DNI/Passport Family relationship Date of birth
First surname Second surname Given name
Signature:

DNI/Passport Family relationship Date of birth
First surname Second surname Given name
Signature:

In the event that you are not accepted by the school of your choice, you may apply for admission in other schools. Please name them in your order of preference:

- 1.
2.
3.
4.

Signed in (city or town), on (day, month, year)

Signed by:

The Applicant’s father, mother or legal representative

To the Head of the School (name of the school you are applying for)

1 Only for non-compulsory education.

2 This should be signed by all of the family members who contribute income to the family unit.