

Application Form 2023-2024

Student Information

First name

Last name

Address

Postcode

Email address

Telephone number

Current School/College

Date of birth

D	D	M	M	Y	Y
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How old will they be on 31st August 23?

Gender

M	F
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Do you have an Education Health and Care Plan (EHCP)?

Yes	No
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Parent/Guardian Information

Parent / Guardian 1

First name

Last name

Address

Postcode

Address is the same as the students
(tick if same)

Telephone number

Email address

Parent / Guardian 2

First name

Last name

Address

Postcode

Address is the same as the students
(tick if same)

Telephone number

Email address

Please list previous schools and provision settings your child has been to in order of most recent first:

School / Provision Setting	Date From	Date To

Please can you provide details as to why you have chosen Langdon College as a setting for your child:

Please describe the strengths and interests of your child:

Please tell us about some of the struggles and challenges you feel your child faces or may face:

What qualifications does your child have? (If applicable)

Subject e.g. Maths	Level e.g. Entry Level, GCSE	Result	Date achieved

I can confirm that all of the information provided is accurate and that I have completed this form to the best of my ability. By signing this application, you are agreeing to Langdon College contacting you to discuss learning opportunities at the college.

Signature _____

Date _____