



CONSEJERÍA DE EDUCACIÓN

INSTITUTO ESPAÑOL
VICENTE CAÑADA BLANCH

ENROLMENT FORM ACADEMIC YEAR 20__-20__ <i>(This application does not guarantee a place at the school)</i>
4 Years old <input type="checkbox"/> 5 Years old <input type="checkbox"/>

(Write CLEARLY in CAPITAL LETTERS and complete ALL SECTIONS)

STUDENT DETAILS:

SURNAME		NAME		ID / PASSPORT
NATIONALITY	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	PLACE OF BIRTH (City, County)	
SIBLINGS AT THE SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES			
	Name of the brother/sister _____			Year group _____
	Name of the brother/sister _____			Year group _____
KNOWLEDGE OF SPANISH, FRENCH AND ENGLISH:	Spanish Level: <input type="checkbox"/> Good <input type="checkbox"/> Intermediate <input type="checkbox"/> Does not speak but understands <input type="checkbox"/> Doesn't speak at all			
	English Level: <input type="checkbox"/> Good <input type="checkbox"/> Intermediate <input type="checkbox"/> Does not speak but understands <input type="checkbox"/> Doesn't speak at all			
	French Level: <input type="checkbox"/> Good <input type="checkbox"/> Intermediate <input type="checkbox"/> Does not speak but understands <input type="checkbox"/> Doesn't speak at all			

FAMILY DETAILS:

FAMILY ADDRESS	ADDRESS: _____ _____			
	CITY: _____		POST CODE: _____	
MOTHER				
SURNAME		NAME		ID / PASSPORT
NATIONALITY	PLACE OF BIRTH	PHONE NUMBER	WORK PHONE NUMBER	
EMAIL ADDRESS				
FATHER				
SURNAME		NAME		ID / PASSPORT
NATIONALITY	PLACE OF BIRTH	PHONE NUMBER	WORK PHONE NUMBER	
EMAIL ADDRESS				

ACADEMIC DETAILS

PREVIOUS NURSERY OR ESTABLISHMENT				
NAME		PHONE NUMBER		COUNTRY
ADDRESS		POSTCODE	CITY	
EMAIL				

ACADEMIC PREFERENCES

If your application is accepted, please indicate the following preferences between the following options:

In case to be admitted, would you like your child to receive Catholic Religion :: Yes No

To complete if there are any special reasons or circumstances that should be considered by the Admissions Committee:

How did you have knowledge of the school? Open Day Web Families/friends Others:.....

Signature of father, mother or guardian:

Under the European Union's General Data Regulation (GDPR), your explicit consent is required for the use of the information collected here for exclusively academic communications purposes. You may withdraw this authorization at any time by contacting the school.

Mr./Ms. _____ authorized Vicente Cañada Blanch Spanish School to communicate with the applicant in the terms stated above.

Signature:

Date London ,

PLEASE NOTE: This application form does not guarantee a place at the school and it must be accompanied by the following documentation:

- A) Original report from the present nursery.
- B) Photocopy of passport/ID of the pupil's and parents/guardians.

WE WILL NOT ACCEPT INCOMPLETE APPLICATION FORMS

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