



*Servite Domino in Laetitia*

# St. Martha's

S E N I O R   S C H O O L

## Application for Admission Homestay Student

<i>Student details</i>	<b>Surname</b>	<b>Other names</b>	<b>Nationality</b>	<b>Date of Birth</b>
	<b>Home Address</b>		<b>Tele Number</b>	
			<b>Fax Number</b>	
			<b>Mobile Number</b>	
	<b>E-mail</b>		<b>Proposed career/Degree Course</b>	
<i>Parent or legal Guardian details</i>	<b>Surname</b>	<b>Other names</b>	<b>Title: Dr, Mr, Mrs</b>	<b>Relationship to Student</b>
	<b>Surname</b>	<b>Other names</b>	<b>Title: Dr, Mr, Mrs</b>	<b>Relationship to Student</b>
	<b>Address if different from student details</b>		<b>Tel number</b>	
			<b>Fax Number</b>	
			<b>E-mail</b>	
	<b>Father's profession</b>		<b>Mother's profession</b>	
	<b>Name of previous schools attended</b>		<b>From</b>	

<i>Course for which you are applying</i>	<b>GCSE</b>	<b>Pre-A Level</b>	<b>AS Level leading to A Level in 2<sup>nd</sup> Year</b>
	<b>If A Level please select up to 4 subjects</b>		
	1.		
	2.		
	3.		
	4.		
<i>Proficiency in English</i>	<b>Please state your first language (mother tongue)</b>		
	<b>For non native speakers, how long have you been studying English? .....years</b>		
	<b>TOEFL / IELTS / O Level result* .....</b>		
	<b>Level of fluency Fluent/Good/Fair/Weak*</b>		
	<small>*Delete as appropriate</small>		

<i>Confidential Medical Report</i>	<b>This section, where we require a brief medical history, MUST be completed fully. Use a separate sheet to provide further information if necessary.</b>
	You must include details of any condition for which you have received either a medical diagnosis or hospital treatment. .....
	Have you ever received any medical treatment in the last two years?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes please give details..... .....
	Do you have any current allergies or medical conditions?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes please give details..... .....
	Are you taking any prescribed medicine on a regular basis?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes please give details..... .....
	If you do not wish your daughter to receive First Aid treatment at the School please explain your reasons. .....
	<b>Please give the name and telephone number of at least two people to contact in case of an emergency.</b>
Name.....Tel.....Relationship to student.....	
Name.....Tel.....Relationship to student.....	

<i>Application for Accommodation</i>	Would you prefer to be the only student in the host family?    Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Mind <input type="checkbox"/>
	Would you like to be in a host family with children?      Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Mind <input type="checkbox"/>
	Would you like to be in a host family with pets?      Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Mind <input type="checkbox"/>
	Are you allergic to any animals?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give detail
	Do you smoke?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you practice your religion regularly?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have any special Dietary requirements?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give detail
	Do you have any special interests or hobbies – please give detail
	Any special comments
	<i>N.B No guarantee can be given that your preference will be met in every instance, we will make every effort to do so.</i>