



THE  
GLASGOW ACADEMY

Date Received	
Fee	
Acknowledged	
Open Day	
Interview	
Exam	
Offer	
Acceptance	
<b>Official Use Only</b>	

## Application for Admission

Please tell us below about the child for whom you are making this application:

**Intended Admission Date:**

*Please specify a specific date or a specific term and year (e.g. Autumn Term 2017)*

**Stage applied for** *(Please circle as appropriate):*

**Kelvinbridge** – Nursery Kindergarten P1 P2 P3 P4 P5 P6 P7/Transitus S1 S2 S3 S4\* S5 S6

**Milngavie** – Nursery Kindergarten P1 P2 P3 P4

**Newlands** – Nursery Kindergarten P1 P2 P3 P4

*\* Only in exceptional circumstances will we accept S4 applications*

**Family name:**

**Child's First and Middle Name(s):**

*Please underline the name normally used*

**Date of Birth:**

**Gender:**

**Current School** *(if any):*

(1) Name:
(2) Address:
(3) Phone Number and email address:
Name of Headteacher:

**Previous Schools attended** *(if any):*

(1) First school attended and year(s) of attendance:
(2) Second school attended and year(s) of attendance:
(3) Third school attended and year(s) of attendance:
(4) Fourth school attended and year(s) of attendance:

**Family Policy**

Because we have a family policy, it may be helpful for us to know details of family members who attend/have attended The Academy or for whom you may wish to make an application in the future.

<b>Name</b>	<b>Date of Birth</b>	<b>School currently attended</b> <i>(if appropriate)</i>
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
(4)	(4)	(4)

**As parent/parents or guardian/s of**

**(child's name above) I/we**

- (1)** apply for a place at The Glasgow Academy for her/him to become a pupil at the school with effect from the Admission Date specified above;
- (2)** enclose a non-refundable application fee of £50;
- (3)** accept that this application is subject to The Academy's current admissions policy on the date when this application is received by the school;
- (4)** recognise that there is no obligation on The Academy to offer a place at the school or accept her/him as a pupil; and
- (5)** authorise her/his current school named above to (a) confirm to the Rector whether all her/his fees have been paid to that current school and (b) agree to disclose to the Rector information on our child (e.g. academic report and pupil profile), and authorise the Rector to disclose this application and authorisation to that current school.

If The Glasgow Academy offers a place at the school for our child, then I/we understand that it will consider that the offer has been declined and refused if it is not accepted by me/us by the deadline stated on the letter of offer.

It is important, in the interest of the child, for parents to advise the Rector of any disability that she/he has and of any medical condition or other circumstances which might require her/him to be given special assistance at the School or about which you think we should be aware. Please give specific details in a separate letter to accompany this form.

**Signature(s) of parent(s):**

<b>Parent 1:</b>
<b>Parent 2:</b>

**Help with fees in School:** The Academy is able to provide **bursaries** – of up to 100% of fees, granted on a means-tested basis – for children entering P7 and Senior School whose parents cannot afford to pay full fees.

**If you would like to receive information about bursaries, please tick this box.**

The Academy codes of behaviour, rules and regulations and policy on suspensions, exclusions and expulsions are available from [enquiries@tga.org.uk](mailto:enquiries@tga.org.uk)

# Parent Information Sheet

My/our details are as follows:

Full Name	Full name
Title/Designation	Title/Designation
Relationship to child	Relationship to child
Occupation	Occupation
Home Address	Home Address
Postcode	Postcode
Phone Number (Day)	Phone Number (Day)
Phone Number (Evening)	Phone Number (Evening)
Mobile Phone Number	Mobile Phone Number
Fax number (if any)	Fax number (if any)
e-mail address	e-mail address

Does your family have any existing or previous connection with The Academy, apart from any sibling the child for whom you are applying may have at The Academy?

Yes  No (Tick as appropriate) If "yes", please give details below:

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Signature	Signature
Date	Date

**PLEASE RETURN THIS APPLICATION FORM TOGETHER WITH A £50 CHEQUE TO:**

Malcolm McNaught, Director of Admissions,  
The Glasgow Academy,  
Colebrooke Street,  
Glasgow, G12 8HE

**Cheques should be made payable to 'The Glasgow Academy'  
or call us on 0141 342 5494 to pay by card.**