




**Learning & disability support**

Do you consider yourself to have special educational needs? Yes  No

*If Yes, please give details, include any additional support you may need :*

**MEDICAL**

*Please inform us of any medical condition and provide details in section provided (i.e. tick Allergy box – detail: nut allergy)*

Allergy (Inc. Food Allergy)	Asthma	Eczema	Eyesight Problems
Diabetes	Hearing Problems	Migraine	Mobility Problems

Other

**FUTURE GOALS**

**Proposed career area (if known):**

INTERESTS / HOBBIES

--

I declare the information given above to be correct to the best of my knowledge.

Student Signature ..... Date .....

Parent/Carer Signature ..... Date .....

*Please return completed form to:*

*6<sup>th</sup> Form Admissions, Skinners' Kent Academy, Blackhurst Lane, Tunbridge Wells, Kent, TN2 4PY.*

*Closing date 31<sup>st</sup> January 2012*

