

NOTE: A separate form must be completed for each student.

| | | Indicate the year group you are applying for (ages are effective 1 st September of the Academic Year for which you are applying): | | | | |
|---|--|---|------------------------------|--|--|--|
| | Please include recent photo of applicant here | Escuela Bosque (from 3 to 6 year | s old) | | | |
| | | Grade 1 (Ages 6 turning 7) | | | | |
| | | Grade 2 (Ages 7 turning 8) | | | | |
| | | Grade 3 (Ages 8 turning 9) | Grade 3 (Ages 8 turning 9) | | | |
| | | Grade 4 (Ages 9 turning 10) | Grade 4 (Ages 9 turning 10) | | | |
| | | Grade 5 (Ages 10 turning 11) | | | | |
| | | Grade 6 (Ages 11 turning 12) | | | | |
| | | Grade 7 (Ages 12 turning 13) | | | | |
| | | Grade 8 (Ages 13 turning 14) | Grade 8 (Ages 13 turning 14) | | | |
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| SI | ECTION 1: PARENTAL AND STUD | ENT INFORMATION | | | | |
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| C | hild's Details (Applicant) | | | | | |
| E | nrolment Dated: | | | | | |
| Sı | urname: | First Name: | Middle Name: | | | |
| D | ate of Birth: Age: | Nationality: | | | | |
| Pa | assport or NIE: | Place of Birth: | | | | |
| Address: | | | | | | |
| Please indicate below if the Applicant has any specifications of which we should be aware of in relation to diet and/or religion. | | | | | | |
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| Parent/Guardian Details | |
|--|--|
| Father/Guardian 1 Surname: | Mother/Guardian 2 Surname: |
| First Name(s): | First Name(s): |
| Address (if different from Applicant): | Address (if different from Applicant): |
| Mobile No.: | Mobile No.: |
| Alternative/Work No.: | Alternative/Work No.: |
| Email: | Email: |
| NIE/Passport No.: | NIE/Passport No.: |
| Nationality: | Nationality: |
| Place of Work: | Place of Work: |
| Profession: | Profession: |
| Additional Emergency Contact Details | |
| Additional Contact Name: | Mobile No.: |
| Relationship to Child: | |

---- PLEASE CONTINUE BELOW FOR SECTION 2 ---



SECTION 2: MEDICAL INFORMATION

| Medical Information | | | | |
|---|---|--|--|--|
| Doctor's Name: | Insurance Provider: | | | |
| Doctor's Contact Details: | Insurance Number: | | | |
| Please detail below if your child has a medical condition (all | ergies, medications, disabilities, phobias, illness etc.) | | | |
| Please note below details regarding frequency, severity and treatment of any medical conditions identified above. | | | | |
| | | | | |
| Do you have any current concerns regarding your child's health? | | | | |
| Does your child take medication? If so, what kind and at what dosage? | | | | |
| Please enclose the most recent copy of a report from an Edu | ucation Psychologist or Therapist, where applicable. | | | |
| I/We agree/do not agree that in the event Alma Forest is not able to contact me/us on the telephone numbers provided in cases of emergency, Alma Forest may arrange for a private medical service to attend and provide treatment to my child at the school premises and/or hospital in accordance with the school's Emergency Treatment Procedure. | | | | |
| Sign: Name: | | | | |
| Date: | | | | |



SECTION 3: TUITION FEES

Annual Tuition Fees

Annual Tuition Fees are provided on our website. Please ensure you check the fees relevant to the Academic Year for which you are applying.

Siblings

Additional students from the same family will not be subject to the Inscription Fee and will be charged at EUR 50 reduced rate.

Methods of Payment

Please select (**√**) your preferred method of payment, for our records:

OPTION 1: Monthly

Payments will be deducted before the 5th of each month (please fill out the below debit order slip)

OPTION 2: Term Installments

Pay in three equal installments per year (deducted on September 5th, January 5th, and March 5th, please fill out the below debit order slip) and receive a 2% discount on the annual tuition fee.

OPTION 3: Annually

Pay in one installment per year (due via transfer by August 31st, please see below for our bank account details) and receive a 4% discount on the annual tuition fee.

Following receipt of this completed Enrolment Form and provided all other enrolment procedures have been completed successfully, an invoice will be sent to you to secure the space.



| SECTION 4 – ADDITIONAL INFORMATION |
|--|
| "All About Me" (Parent/Guardian to help Applicant to fill out this section) |
| What makes you feel happy? |
| |
| What makes you feel sad? |
| |
| What sport or activity would you say you are really good at? |
| |
| What sport or activity do you wish you could do better, or even do at all? |
| |
| Can you share with us something that makes you feel nervous? |
| |
| Parent/Guardian to fill out this section |
| Please indicate below which Parent/Guardian the Applicant lives with and also note whomever else lives with the Applicant (siblings, grandparents, friends, pets etc.): |
| |
| Please tell us about your child (temperament, interests, fears, sensitivities, outdoor activity level, special needs, etc.) and anything else you would like us to know: |
| Please tell us about your child's educational experience to date including school programmes attended, learning style, etc. Please attach a copy of Applicant's most recent academic report. |



| How many hours of visual media (TV, videos, computers) does your child experience? | | | | |
|--|--|--|--|--|
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| | | | | |
| Weekdays Weekends type? | | | | |
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| Is there anything else you would like us to know about your child? | | | | |
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---- PLEASE CONTINUE BELOW FOR SECTION 5 ---



SECTION: AGREEMENT BETWEEN PARENT/GUARDIAN AND ALMA FOREST SCHOOL ('ALMA FOREST')

Please read the following agreement and note your agreement below:

- 1. I have read the Alma Forest website and any questions I might have had have been answered satisfactorily.
- 2. I understand that Alma Forest requires active parent participation and support at home. I will make sure my child is well nourished and well rested every day.
- 3. I understand that Alma Forest strongly values communication and building relationships. I will participate in meetings and events at the school in order to promote community development within Alma Forest and extend the experience to each family.
- 4. I am aware Alma Forest is nature-based, and children will be outside in all weather conditions, except severe. I am committed to providing my child appropriate clothing for the varying weather conditions.
- 5. Completion of this form will entitle the Applicant to be offered a place at Alma Forest subject to the following:
 - a) All parts of the application have been fully and accurately completed;
 - A photograph of the applicant and a copy of their passport and the parent/guardian's passport are attached;
 - c) Spaces are confirmed following receipt of a non-returnable registration fee and deposit;
 - d) Any other relevant documents noted herein have also been attached;
- 6. A separate 'Application for Enrolment' form and registration fee is required for each child.
- 7. Tuition Fees are reviewed annually and any changes will be communicated to parents by 31st April of the year prior to the commencement of a new academic year.
- 8. In accordance with the new European Data Protection Regulation 679/2016 of 26 May 2016, the user is informed of and agrees to the processing of his/her data for which Alma Forest is responsible in order to inform him/her of the products and services requested and the sending of commercial material relating to them. You are also informed of the possibility of exercising your rights of transparency, access, rectification, information, deletion, restriction on processing, portability and opposition concerning your data at the registered address of Alma Forest Sotogrande, SL at CL Manuel Gavilan Oncala, 19, San Roque 11310, Cadiz, 11310, SPAIN. You are also informed that the personal data supplied will not be assigned to or communicated to third parties, including for storage purposes.

| Signature of Mother: | Date |
|--|-----------|
| Signature of Father: | Date |
| signatures of both Mother and Father or Guardian are r | required) |

PLEASE RETURN COMPLETED FORM TO:

in fo@alma for est school.com