



APPLICATION FORM FOR ADMISSION Please complete in BLOCK CAPITALS

FULL NAME OF CHILD		
DATE OF BIRTH		BOY / GIRL
ADDRESS WHERE CHILD LIVES		PREVIOUS ADDRESS
POST CODE		
PRESENT SCHOOL		
REASON FOR TRANSFER		
IF YOU HAVE A SON OR DAUGHTER CURRENTLY AT FORTIS ACADEMY, PLEASE PUT HIS / HER NAME AND FORM IN THE SPACE BELOW:		
NAME		FORM
NAME		FORM
I / We wish to apply for a place for my / our child at Fortis Academy. I / We have read and support the schools aims listed overleaf.		
SUBJECTS STUDIED		
Parent / Guardian 1		Parent / Guardian 2
ADDRESS:		ADDRESS:
HOME TEL:		HOME TEL:
DAYTIME TEL:		DAYTIME TEL:
Signed:		Signed:
DATE:		DATE:



At Fortis Academy, it is our mission to be an innovative, forward- thinking school which provides a secure and caring environment built on values, mutual respect and the principles of equality, and in which:

- **we can all achieve the very best of which we are capable.**
- **we strive to achieve ambitious goals based on our own unique interests, abilities, talents and needs.**
- **we support each other, help each other to achieve our goals and ensure that no one is left behind.**
- **we develop confident, independent life-long learners who understand that tackling new challenges and gaining new knowledge makes life richer and more fulfilling.**
- **we all want to play an active part in making our community sustainable, ordered, peaceful and successful.**