**APPLICATION FOR KESWICK SCHOOL ADVENTURE**

***Please read the important conditions overleaf***

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| --- | --- |
| Student’s Name: | Date of Birth: |
| Home Address: | |
| Home Telephone Number:  Home e-mail address: | |
| Current school: | |
| Name of Parent(s):  (Where appropriate please underline the name of the Parent(s)/Guardian(s) who have legal custody of the Pupil) | Name of Guardian:  Phone Number and Email address for guardian: |
| Address of Parent(s) if different from above: | Address of Guardian: |

|  |  |
| --- | --- |
| May we contact your child’s current head teacher for a personal reference? | Yes /No  Name of Head Teacher ………………………………………….  e-mail address for school |
| Does your child have a statement of special educational need or an Education Health Care Plan (EHCP)? | Yes/No  If yes, please provide details and forward any reports/information you may have |
| Does your child have any medical conditions (to include mental health issues) currently or historically that we should be made aware of? | Yes/No  If yes, please provide details and forward any reports/information you may have |
| Does your child have any special dietary requirements? | Yes/No  If yes, please provide details |
| How did you hear about us?  ie. recommendation/website/advert |  |

**Declaration**

Keswick School Adventure 2026 is from 22nd June – 17th July 2026.

I/We agree to pay a £100 administration cost upon application using the following BACS details

Keswick School MAT, Sort Code 30-14-44, Account 11534860, IBAN GB61 LOYD 30144411 534860, BIC LOYDGB21631. Please use LBHKSA + your surname for the reference

I/We understand a deposit to the value of £250, will be invoiced immediately if a place is offered with the remainder of the balance to be paid four weeks in advance

Please return this form to [boarding@keswick.cumbria.sch.uk](mailto:boarding@keswick.cumbria.sch.uk) with a copy of your child’s passport by Tuesday 21st April 2026

I/we accept the above terms and conditions and wish to apply for the Keswick Adventure for our son/daughter.

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| --- |
| Signature(s): |
| Date: |

For office use only:

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| --- | --- |
| Place offered | Date |
| Headmaster’s Signature | Date |
| Deposit Received | Date |