**APPLICATION FOR KESWICK SCHOOL ADVENTURE**

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

| Student’s Name: | Date of Birth: |
| --- | --- |
| Home Address: |
| Home Telephone Number:Home e-mail address:  |
| Current school, Name and Address:Name of Head Teacher: |
| 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: |

**Declaration**

Keswick School Adventure 2025 is from 23rd June – 18th July 2025.

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 with a copy of your child’s passport by Friday 22nd April 2025

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

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

For office use only:

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