

REGISTRATION FORM

(Request for a Place on the Waiting List)

1. Surname of Child:

First Names:

(Please underline the name generally used)

Boy / Girl

Date of Birth:

Nationality:

Religion:

Proposed Entry Date:

Ethnic Origin:

Has your child been registered at any other school/s and if so, which?

2. Father's Title, Full Name, Address and Occupation:

Daytime Telephone:

Fax Number:

Evening Telephone:

Mobile Number:

Email address:

3. Mother's Title, Full Name, Address (if different from above) and Occupation:

Daytime Telephone:

Fax Number:

Evening Telephone:

Mobile Number:

Email address:

**4. Guardian (appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian)
Please give the Title, Full Name, Address and Occupation of the Guardian and details of his/her appointment:**

Daytime Telephone:

Fax Number:

Evening Telephone:

Mobile Number:

5. Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the school:

6. Please say how you first heard of the School. Was it from:

Local Reputation? Present School? Friends?
Advertisement? Other? (Please give details)

7. Please give the name and address of present Nursery/School, (with dates):

Name of Head:

8. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):

9. Please give an outline of your child's hobbies or interests (if applicable):

Notes

Early registration is recommended. Registrations will be considered in the order they are received. This registration form does not give rise to a commitment by the School or the parents. The offer of a place is subject to availability and the entry requirements of the School at the time of the offer.

Two signatures to the registration form are required unless impracticable. The registration fee of £30 is payable direct to our bank, Sort Code: 20-19-95, Account No: 50029009, Ref: Child's surname.

DECLARATION

We request that the name of our above named child be registered as a prospective pupil. Payment of the non-returnable registration fee has been made on (date).

First signature

Second Signature

Name in full

Name in full

Relationship to the Child

Relationship to the Child

Date

Date