

REGISTRATION FORM

Applicants Details

Name of Child in full: _____

Date of birth: _____

Religion: _____

Educational History

Please give details of all previous schools and nurseries attended. If you require more space please use the reverse of this form.

1. Name: _____

Address: _____

Dates attended: _____

2. Name: _____

Address: _____

Dates attended: _____

3. Name: _____

Address: _____

Dates attended: _____

Medical Information/Specific needs

Please inform us of any medical conditions or specific needs that we need to be aware of including allergies and medication currently being taken.

Father's Details

Name: _____

Occupation: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Mobile: _____

Email: _____

Mother's Details

Name: _____

Occupation: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Mobile: _____

Email: _____

Please keep the school informed immediately of any changes of address, contact numbers or medical needs.

The registration form does not give rise to a commitment by the school or the parents. Two signatures are required on the registration form. Before signing please read the enclosed copy of our Standard Terms and Conditions.

We request that the child named above be registered as a prospective pupil. A cheque for £50 for the non- returnable registration fee is enclosed. We understand that the Terms and Conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school. Please note: Two signatures are required below.

Father's/Guardian's signature: _____ Date: _____

Mother's/Guardian's signature _____ Date: _____