

## Registration Form

Child's Full Name					
Child's Date of Birth		Gender		Proposed Entry Date	
Name of Parent/Carer					
Address					
		Postcode			
Contact Numbers	Home:	Work:	Mobile:		
E-mail Address			Occupation		
Name of Parent/Carer					
Address					
		Postcode			
Contact Numbers	Home:	Work:	Mobile:		
E-mail Address			Occupation		
Please state which parent or carer the child normally lives with:					
Please detail here, if applicable, the names of any other children of the family attending the School or who are registered for entry; or any other connection with the school, e.g. former pupils:					
How did you first hear of the school?					
Please give name and address of the present school or nursery, if applicable (with dates):					
Name of Head/Manager					
Does the child have any specific medical conditions/allergies that the school should be aware of?					
<p>Notes: a) This Registration Form does not give rise to a commitment by the school or the parents. Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made.</p> <p>b) Please return this form with your cheque for the registration fee of £50. Two signatures to the Registration Form are required if both sections completed above</p> <p>c) Prior to commencement at the school a refundable Deposit of £400 is required</p>					
<b>Declaration</b>					
I/We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50 is enclosed. We understand and accept that the standard terms and conditions of the School will undergo reasonable changes from time to time.					
Parent's/Carer's Signature		Print Name	Relationship to Child	Date	
Parent's/Carer's Signature		Print Name	Relationship to Child	Date	