



St. Christopher's The Hall School

REGISTRATION FORM

1. Surname of Your Child:

Gender:

First Names:
(Please underline the name generally used)

Date of Birth:

Nationality:

Religion:

Ethnic Background:

Proposed Term and Year of entry:

Have you registered your child's name at any other school/s and if so, which?

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

Occupation:

Daytime Telephone:

Work No:

Email address:

Mobile No:

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

Occupation:

Daytime Telephone:

Work No:

Email address:

Mobile No:

4. Please mention here the names and ages of other children and where they are currently educated.

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

Local Reputation

Present School

Friends

Advertisement

Other (Please give details)

Have you visited St. Christopher's? Please state date of visit

6. Please state the name and address of the present school (with dates):

Name of Head:

RECEPTION – YEAR 6 (NOT RELEVANT FOR KINDERGARTEN APPLICATIONS)

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

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

9. Please provide us with details of any medical condition (including allergies), disabilities or learning difficulty of your child.

Notes:

Early registration is recommended. Offers of places are subject to availability and the admission requirements of the school at the time offers are made. A copy of the current edition of the terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. 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. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. A £40 non-refundable registration fee is payable by Cheque/BACS Transfer. If you wish to pay by BACS, our details are as follows:

Sort Code 20-05-57
Account No: 30778966

I confirm that I have paid by BACS Transfer

I confirm that I have paid by cheque

First Signature:

Second Signature:

Name in full:

Name in full:

Relationship to the Child:

Relationship to the Child:

Date:

Date:

For office use:

Reg. Fee Rec'd

Entered for

Date Place offered

Deposit received