



REGISTRATION FORM

PLEASE USE BLOCK CAPITALS THROUGHOUT

CHILD'S DETAILS

Child's Surname.....

First Name(s) Please underline the name generally used

Date of Birth.....

Nationality Religion

Proposed Term and Year of Entry

Please give the name, address and telephone number of any previous and the present school/nursery/other childcare setting (with dates) if applicable:

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Name of Head:

Health (if the applicant has had any major illnesses or suffers from any serious disability, please give particulars)

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What is the child's first language?

Are any additional languages spoken at home? YES / NO (please delete as applicable)

If yes, please give details:

Has the child ever had an educational assessment? YES/ NO (please delete as applicable)

If yes, please give details

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Names of any brothers and sisters with current age

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Any relevant confidential information (please continue on separate sheet if necessary)

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Please continue overleaf

