



4 St Germans Place, Blackheath, London SE3 0NJ

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PUPIL REGISTRATION FORM

Please complete all sections of this form and return it to the school Admissions Office.

Child's Forenames:
(please underline name by
which child is known)

Child's Surname:

Date of Birth:

Boy

Girl

<i>Father</i>	<i>Mother</i>
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Email:	Email:
Pupil's Address if different:	Pupil's Address if different:
Contact Telephone Numbers:	Contact Telephone Numbers:
Home:	Home:
Work:	Work:
Mobile:	Mobile:

Continued overleaf

Child's first language and other languages spoken at home:

If your child currently has any siblings at this school, please inform us of their name(s):

Current school/nursery (with dates of attendance):

Name of Head:

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child. Please attach a Confidential Information Form (if applicable):

Please inform us of how you first heard of the school:

Proposed term and year of entry

Nursery applicants: *Please enter the **year** your child will be 3 years old by 1st September or 1st January*

September

January

Please notify us in writing of any change of address

Declaration

I / We request that the name of our above-named child be registered as a prospective pupil. I / We enclose the non-refundable Registration Fee of £60. I / 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. I / 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.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____