



Registration Form: Please complete & return to receptionist

NAME OF CHILD: _____

DATE OF BIRTH: _____ HOME ADDRESS: _____

POST CODE: _____ HOME TEL. NO: _____

MOTHER'S MOB: _____ FATHER'S MOB: _____

EMAIL ADDRESS: _____

PARENTS NAMES: _____

ANY ALLERGIES: _____

MAY I DRAW YOUR ATTENTION TO THE FOLLOWING:

A CLEAR TERM'S NOTICE IS TO BE GIVEN IN WRITING IF A PUPIL IS TO BE WITHDRAWN FROM THE SCHOOL. A TERMS FEE'S IN LIEU OF SUCH NOTICE WILL BE CHARGED.

ALL INFORMATION WILL BE SENT OUT VIA EMAIL, IF YOU DO NOT WISH TO RECEIVE COMMUNICATION VIA EMAIL PLEASE TICK HERE:

I SIGN BELOW IN AGREEMENT TO THIS POLICY AND WILL AHDERE BY THE TERMS

SIGNED: _____ DATE: _____
