

REGISTRATION FORM  
(Request for a Place on the Waiting List)

1. Surname of Your Child:

First Names:

(Please underline the name generally used)

Date of Birth:

Nationality:

Religion:

Sex:

M  F

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, Address and Occupation:

Daytime Telephone:

Evening Telephone:

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

Daytime Telephone:

Evening Telephone:

4. Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

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

Local Reputation

Present School/Nursery

Friends

Advertisement

Other (Please give details)

6. If applicable please state the name and address of the present schools/nursery (with dates):

Name of Head:

7. If you are applying for a place for your child in the Nursery, please indicate whether you intend for your child to move up into Reception in due course.

8. Please give details of any medical condition, health problem, or allergy which affects your child and/or may prevent your child from taking full part in the School's academic and games/sports curriculum and outdoor activities.

# REGISTRATION FORM

**Notes**

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. A copy of the current edition of the standard 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. A cheque for the non-returnable registration fee of £50 is enclosed. We understand that the standard 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 Teacher, 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.

**First Signature:** ..... **Second Signature:** .....

Name in full: ..... Name in full: .....

Relationship to the Child: ..... Relationship to the Child: .....

Date: ..... Date: .....

**The Study School Limited trading as The Study School**

**Registered in England No: 3647172**

**Registered Office: 1 Park Road, Hampton Wick, Kingston upon Thames, Surrey KT1 4AS**