

REGISTRATION FORM

Pupil's Information

Surname

Forenames

Familiar Name

Date of birth

Nationality

Religion

Date of proposed entry

Former schools attended (if applicable)

Future schools for which entered

Entry date

Any relevant information concerning health (allergies, handicaps, etc.)

National Health No. (if applicable)

Parents' Information

Father

Mother

Surname

Surname

Forenames

Forenames

Title

Title

Marital Status

Marital Status

Address

Address

Occupation

Occupation

Nationality

Nationality

Home telephone

Home telephone

Work Telephone

Work Telephone

Fax

Fax

E-mail

E-mail

Please complete this form and return it together with the registration fee of £50* to the School address.

I understand that I will be required to confirm my intention of taking up my son's place by paying an amount up to one third of the first term's fees in advance of the date he is due to join and that this sum will be non-returnable in the event that the boy fails to enter the School, but otherwise will be on account of the final term's fees.

I understand that one term's written notice must be given if I wish to withdraw my son from either the Entrance List or the School. Should such notice not be given, I agree to pay a sum equal to a full term's fees in lieu.

Signature (father)

Signature (mother)

Date

Date

*Please note that cheques should be made to Beaconsfield Educational Trust Ltd.