



REGISTRATION FORM

Please complete this form in BLOCK CAPITALS and return to the Registrar with the Registration Fee of £50 payable by:

- Cash
- Cheque (made payable to Hollygirt School)
- Bank transfer (Lloyds Bank / Account Name: Hollygirt School / Sort Code: 30-96-18 / Account No: 62101368)
(Please quote your child's name as a reference)

Early registration is recommended. Registrations will be considered in the order that they are received.

1. CHILD DETAILS

Surname:			
First Names:	<input type="checkbox"/> Girl <input type="checkbox"/> Boy		
Preferred Name:	Date of Birth:		
Nationality:	Religion:		
Proposed Year of Entry:	Proposed Term of Entry:	Autumn / Spring / Summer	

2. PARENT/GUARDIAN DETAILS

Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other.....			
Title:			
Surname:			
First Names:			
Address and Post Code:			
Date of Birth:	Occupation:		
Home Telephone:	Mobile:		
Work Telephone:			
Email Address:			
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other.....			
Title:			
Surname:			
First Names:			
Address and Post Code:			
Date of Birth:	Occupation:		
Home Telephone:	Mobile:		
Work Telephone:			
Email Address:			

3. ADDITIONAL INFORMATION

Please mention the names of any family members who have attended Hollygirt, are registered for entry, or any other connection you have with the school:
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How did you first hear of Hollygirt School?
 Local reputation Present School Friends Advertisement Website Other (please give details below)

Have you registered your child's name at any other school(s)? Yes No
 If 'Yes', please indicate which:

4. CURRENT SCHOOL

Please provide us with details of your child's current school:

Name of School:	
Headteacher:	
Address:	
Attended since:	

5. MEDICAL HISTORY / EDUCATIONAL SUPPORT

Has your child been diagnosed with any of the following conditions?

Dyslexia Autism Dyspraxia Asperger's Syndrome

Are you in receipt of an Educational Psychologist's report for any of the above? Yes No

Any known assessments have been disclosed to the school Yes N/A *(Copy to be submitted)*

Does your child have any of the following?

Asthma Epilepsy Diabetes Hearing Impairment Visual Impairment Physical Impairment

Does your child have any allergies? Yes No

If 'Yes', please specify

Is English your child's first language? Yes No If 'No', please specify your child's first language

Please specify below if there is anything else the school should be made aware of:

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6. DECLARATION

Please tick

- We request that our child be registered as a prospective pupil. They have the right to study in the UK.
- Payment of the non-returnable Registration Fee of £50 has been deposited / 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. A copy is supplied upon offer of a place.
- I consent to the school (through the Headmistress, as the person responsible) obtaining, processing and holding personal information about our child, including sensitive information such as medical details, for the purposes of safeguarding and promoting the welfare of our child.

First Signature:		Second Signature:	
Name in Full:		Name in Full:	
Relationship to Child:		Relationship to Child:	
Date:		Date:	

Each person with parental responsibility for the named child is required to sign this Registration Form.