



Year of entry (*office use only*)

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39 Graham Terrace London SW1W 8JF
Tel: 020 7730 2971 Fax: 020 7823 4066 Email: registrar@fhs-sw1.org.uk

REGISTRATION FORM

Please complete in BLOCK CAPITALS and return to the Registrar

CANDIDATE FOR ADMISSION Desired term of entry: Autumn/Spring/Summer Term 20 _____

Family name: _____ Given names: _____

Known as: _____ Date of birth: _____ (dd) _____ (mm) _____ (yy)

Nationality: _____ Religion: _____

Name of present school: _____

Address of present school: _____

School contact number: _____ School email address: _____

Name of present school headteacher: _____

When at school, resident with parents/mother/father/guardian (*please delete*)

PARENTS/GUARDIANS

Father/Guardian

Mother/Guardian

Title, initials & surname: _____

Home address: _____

Postcode: _____

Postcode: _____

Telephone number: _____

Mobile number: _____

Email address: _____

Occupation: _____

Business name & address: _____

Postcode: _____

Postcode: _____

Other people with parental responsibility: Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above name child. Their consent to the child attending the School will be required if an offer of a place is made.

Title: _____ Full name: _____

Address: _____

_____ Postcode: _____

CONNECTIONS WITH THE SCHOOL

Have you, or do you currently have, a child at Francis Holland School? Yes/No

Do you have another child registered with us? Yes/No

Do you have, or have you had, any connection with the school? _____

Please indicate how you first heard of the School:

<input type="checkbox"/> Local reputation	<input type="checkbox"/> Present school	<input type="checkbox"/> Friends
<input type="checkbox"/> Website	<input type="checkbox"/> School search	<input type="checkbox"/> Other

Other

Language spoken at home if not English _____

Health and specific needs: if your child is affected by a medical condition, health problem or allergy; or has a learning difficulty, disability, or special educational need, as well as any behavioural, emotional and/or social difficulties please request a Confidential Information Form from us to provide details

Please send me a confidential information form

I do not require a form

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School (if applicable).

Yes

No

NOTES

Offers of places are subject to availability and admission requirements of the School at the time offers are made. A copy of the School's Terms and Conditions will be supplied on request.

DECLARATION

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include 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.

I / We enclose the non-refundable registration fee of £100 or £150 as I am resident overseas (made payable to Francis Holland Schools Trust) with this completed registration form duly signed by me/us.

First Parent/Legal Guardian

Second Parent/Legal Guardian

Signature

Name in full

Date of birth

Relationship to child

Date
