



APPLICATION FOR REGISTRATION

Co-educational preparatory school

149 Battersea Park rd, London SW8 4BX

Phone: 020 7720 4091 Fax: 020 7498 9052 Email: registrar@newtonprep.co.uk

Website: www.newtonprep.co.uk

REGISTRATION FORM

1. **Surname of Your Child:** _____

First Names: _____
(Please underline the name generally used)

Date of Birth: ____/____/____ **Nationality:** _____ **Religion:** _____

Proposed Term and Year of Entry: _____ **Sex of child:** M/ F

Have you registered your child's name at any other school/s and if so, which?

2. **Father's Title, Full Names, Address (including postcode) and Occupation:**

Daytime Telephone: _____ **Evening Telephone:** _____

Email address: _____ **Mobile Telephone:** _____

3. **Mother's Title, Full Names, Address (including postcode) and Occupation:**

Daytime Telephone: _____ **Evening Telephone:** _____

Email address: _____ **Mobile 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.**

5. **Please say how you first heard of the School. Was it from:**
- Local Reputation Present School Friends Advertisement_____
- Other (Please give details)_____
6. **Please state the name and address of the present school (with dates):** _____
- _____
- Name of Head: _____
7. **Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):**
- _____
8. **Please give an outline of your child's other hobbies or interests (if applicable):**
- _____
9. **Please provide us with details of any medical condition (including allergies), disabilities or learning difficulty of your child.**
- _____

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 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 £75 is enclosed.] We understand that the 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, 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: _____