

REGISTRATION FORM

Boarding/Day (*Please delete as applicable)

Proposed Term of Entry: _____

Name of Pupil: _____

Please print surname in capitals, followed by First Names, underlining the name by which usually known.

Home Address: _____

Telephone No's: Home: _____
Father's Office: _____
Mothers Office _____

Date of Birth: _____ Nationality: _____

Invoice Address: _____
Copy of invoice Address: _____
Age at Time of Entry: _____
Father's Name: _____
Father's Occupation: _____
Email Address: _____
Mother's Name: _____
Mother's Occupation: _____
Email Address: _____
Child's Religious Denomination: _____
Name of Present School _____
Address of Present School: _____
Name of School for which child is being prepared (if known) _____

Please tick this box to give your permission for Bruern Abbey School to use photographs of your child(ren) taken by Bruern Abbey School.

By signing this form, we confirm that we have made a full disclosure to Bruern Abbey of any previous reports that have been carried out for our son (e.g. Speech and Language, Occupational Therapy, Behavioural Optometrist, mental health professionals, existence of an EHCP etc).

This form should be completed and returned to the School Registrar, together with the Registration Fee of £150.00 which is non- returnable. Cheques should be made payable to: *Buern Abbey School*.

Signed _____ Date: _____

Completion of this form does not obligate parents to accept a place if offered, nor does it guarantee acceptance of the pupils concerned, with final admission being subject to satisfactory completion of the School's entrance requirements and procedures as set forth by the school and contained in the school's website.