

Application for Registration

Please return this application with the registration fee to the school office

Please consider my child for registration into: Nursery or Reception or Main School (Infant 2 to Junior 4)

Proposed Date of Entry Michaelmas / Lent / Summer Term 200 ___

Surname of Child _____

Forenames in Full _____

Date of Birth _____

Address _____

(including post code) _____

Sex M F

Ethnicity _____

Home Tel. No. _____

Nationality _____

Religion _____

Surname of Father _____

(or Guardian) _____

Forenames _____

Work Tel. No. _____

Mobile Tel. No. _____

E-mail Address _____

Surname of Mother _____

(or Guardian) _____

Forenames _____

Work Tel. No. _____

Mobile Tel. No. _____

E-mail Address _____

Address of Second Parent (or Guardian) _____

(if different from above) _____

Present School/Nursery (if any) _____

(please give full name, address and dates of attendance) _____

Please state how you first heard of Stratford Preparatory School (please provide as much detail as possible): _____

Please mention here the names of other family members attending the school or registered for entry; or any other connection with the school: _____

Please provide details below if your child has any medical conditions (including allergies), learning difficulties or disabilities or behavioural difficulties of which we should be made aware: _____

Name and telephone number of child's doctor _____

Application for Registration

Please note that an offer of a place is subject to availability and the admission policy of the school at the time an offer is made. A copy of the current standard terms and conditions is supplied when an offer is made and on request.

Declaration

- We request that our above-named child be registered as a prospective pupil at Stratford Preparatory School.
- A cheque for the non-refundable registration fee of £50 is enclosed, payable to Stratford Preparatory School.
- 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 to all our dealings with the school.
- We understand also that the school (through the Principal as the person responsible) may obtain, process and hold information about our child, including sensitive information such as medical details, and we consent to this for the purposes of any assessment and, if a place is later offered, in order to safeguard and promote the welfare of our child.

Father's (or Guardian's) Signature _____

Date _____

Mother's (or Guardian's) Signature _____

Date _____

This form and the registration fee should be returned either by hand or by post to the school office Stratford Preparatory School, Church House, Old Town, Stratford-upon-Avon CV37 6BG.

A copy of this Application with larger text is available on our website.

