



HOLMEWOOD HOUSE SCHOOL

(Request for a place on the School's entry or waiting list)

1 SURNAME OF YOUR CHILD: _____

FIRST NAMES: _____

(Please underline the name generally used)

DATE OF BIRTH: _____

NATIONALITY: _____

RELIGION: _____

PROPOSED TERM OF ENTRY: _____

HAVE YOU REGISTERED YOUR CHILD'S NAME AT ANY OTHER SCHOOL(S) _____

☐ Yes

☐ No

AND IF SO, WHICH? _____

2 FATHER'S SURNAME: _____

FIRST NAMES: _____

TITLE: _____

MARITAL STATUS: _____

OLD HOLMEWOODIAN: ☐ Yes

☐ No

NATIONALITY: _____

RELIGION: _____

ADDRESS: _____

POSTCODE: _____

DAYTIME TELEPHONE: _____

EVENING TELEPHONE: _____

MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

3 MOTHER'S SURNAME: _____

FIRST NAMES: _____

(If different from the above)

TITLE: _____

MARITAL STATUS: _____

OLD HOLMEWOODIAN: ☐ Yes

☐ No

NATIONALITY: _____

RELIGION: _____

ADDRESS: _____

POSTCODE: _____

DAYTIME TELEPHONE: _____

EVENING TELEPHONE: _____

MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

IF DIVORCED/SEPARATED WHO HAS LEGAL CUSTODY: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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 ☐ Advertisement *(please specify)* _____

☐ Family/Friends ☐ Search Engine *(please specify)* _____

☐ Other *(please give details)* _____

6 Please state the name and address of the present school *(with dates)*:

NAME OF HEAD: _____

SCHOOL NAME: _____

ADDRESS: _____

POSTCODE: _____

DATE STARTED: _____ INTENDED LEAVING DATE: _____

7 Please provide us with details of any medical condition (including allergies), disabilities or learning difficulty of your child:

8 Who will be responsible for payment of fees?

BILLING ADDRESS *(if different from overleaf)*: _____

POSTCODE: _____

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 our child named overleaf be registered as a prospective pupil. A cheque for the non-returnable registration fee (as set out in the current Fee Rates) 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: _____

FOR OFFICIAL USE ONLY:

FORM & FEE RECEIVED

PAID TO BANK:

DEPOSIT RECEIVED:

PAID TO BANK: