



# HORNSBY HOUSE SCHOOL

## Registration Form

**FOR OFFICE USE ONLY**

PUPIL CODE

### PUPIL INFORMATION

PUPIL'S SURNAME			
FORENAMES	(Please underline the name generally used)		
DATE OF BIRTH	(ddmmyy)	GENDER	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
NATIONALITY		RELIGION	
Suggested Date of Entry :		Is a sibling registered with Hornsby House School Yes / No	
Current School or Nursery School (if applicable)			
Any known learning difficulty or medical conditions			

### PARENTS INFORMATION

FATHER'S TITLE		MOTHER'S TITLE	
FULL NAME		FULL NAME	
HOME ADDRESS		HOME ADDRESS (Only complete if different)	
POSTCODE		POSTCODE	
HOME TEL NO		HOME TEL NO	
WORK TEL NO		WORK TEL NO	
MOBILE NO		MOBILE NO	
OCCUPATION		OCCUPATION	
EMAIL ADDRESS		EMAIL ADDRESS	
If you live apart, which address should our correspondence be sent to?		Father's <input type="checkbox"/>	Mother's <input type="checkbox"/>

### CONDITIONS OF ENTRY

- FEES ARE PAYABLE IN ADVANCE AT THE COMMENCEMENT OF EACH TERM.
- ONE TERM'S NOTICE IN WRITING IS REQUIRED BEFORE REMOVAL OF A PUPIL, OR ONE TERM'S FEE IN LIEU THEREOF.
- A FEE OF £75 IS PAYABLE FOR REGISTRATION, BY CHEQUE PAYABLE TO HORNSBY HOUSE SCHOOL OR BY BACS TRANSFER TO : HORNSBY HOUSE EDUCATIONAL TRUST, A/C NO: 10111547, SORT CODE: 15 80 00. PLEASE ADD YOUR CHILD'S NAME AS THE REFERENCE.
- THE HEADMASTER RESERVES THE RIGHT TO RESIGN THE CHARGE OF ANY PUPIL.
- ALL REASONABLE CARE WILL BE TAKEN, BUT NO LIABILITY WILL BE ACCEPTED IN THE CASE OF AN ACCIDENT.
- PARENTS ARE REQUESTED TO NOTIFY THE SCHOOL IF THEIR CHILD HAS BEEN IN CONTACT WITH ANY INFECTIOUS DISEASES.
- IF YOUR CHILD IS OFFERED A PLACE IN THE LOWER SCHOOL, CONFIRMATION OF THIS WILL BE MADE UPON RECEIPT OF A TERM'S FEES PAYABLE THREE TERMS IN ADVANCE OF YOUR CHILD'S ENTRY. UNLESS OTHERWISE PROVIDED FOR IN OUR TERMS AND CONDITIONS, THESE FUNDS ARE STRICTLY NON-RETURNABLE AND WILL BE CREDITED AGAINST YOUR CHILD'S FINAL TERM'S FEES.

### PARENTS' OR GUARDIANS' SIGNATURES

WE AGREE TO THE ABOVE CONDITIONS OF ENTRY AND ACKNOWLEDGE THAT THE SCHOOL RESERVES THE RIGHT TO REFUSE TO ACCEPT A CHILD.

SIGNATURE:

SIGNATURE:

DATE:

DATE:

PLEASE RETURN THIS FORM TO: THE REGISTRAR, HORNSBY HOUSE SCHOOL, HEARNVILLE ROAD, LONDON SW12 8RS