

King Henry VIII Preparatory School

Pupil Registration Form

PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

Please send all registrations for the attention of Mrs Harrison, Admissions at:

King Henry VIII Preparatory School, Swallows Campus, Kenilworth Road, Coventry CV3 6PT

Pupil's Details

Year group at entry: _____ Intended date of entry:

Pupil's Surname: _____ Forename(s) _____

Date of Birth: Gender: Male Female

Details Of Present School (if applicable)

School's Name: _____ Email: _____

Full Postal Address: _____

Name of Headteacher: _____ Date of Entry to Present School: Current Year Group: _____

The Headteacher may, upon receipt of this form, contact the present school of the applicant to ask for a formal report of progress.

Does your child have a medical condition or any special needs that we need to be aware of; for example, a physical disability, asthma, dyslexia, dyscalculia Yes No

If Yes please give details: _____

Parents Details

Parent <input type="checkbox"/> Guardian <input type="checkbox"/> (PLEASE TICK AS APPROPRIATE)	Parent <input type="checkbox"/> Guardian <input type="checkbox"/> (PLEASE TICK AS APPROPRIATE)
Title: _____ Full Name: _____	Title: _____ Full Name: _____
Address: _____	Address: _____
Post Code: _____ Please tick if the child also lives at this address: <input type="checkbox"/>	Post Code: _____ Please tick if the child also lives at this address: <input type="checkbox"/>
Home Tel: _____	Home Tel: _____
Email: _____	Email: _____
Mobile Tel: _____	Mobile Tel: _____
Occupation: _____	Occupation: _____
Employer's Name & Address: _____	Employer's Name & Address: _____
Postcode: _____ Work Tel: _____	Postcode: _____ Work Tel: _____

Nursery Applications

Please enclose a copy of your child's Birth Certificate and a non refundable registration fee of £50 with this form.

A further £150 deposit is payable on confirmation and acceptance of an offered place, which will be credited against the first term's fees on your child joining the school.

Your child must attend one session each day of the week. Sessions required can be decided upon at the Parent and Toddler session prior to your child starting. These sessions are fixed for the duration of a term. Any changes to sessions required for the following term should be made in writing at least 2 weeks before the end of the current term.

All other Applications

Please enclose a copy of your child's Birth Certificate and a non refundable registration fee of £50 with this form. A further £150 deposit is payable on confirmation and acceptance of an offered place, which will be credited against the first term's fees on your child joining the school.

Family Connections

Do you have a child who already attends/has attended a school within Coventry School Foundation? If so,

Name of child:

School:

Year:

Fee Payer's Details

Name: (Mr/Ms/Mrs/Dr/Revd – please specify):

Address:

Postcode:

Contact Tel:

Application for Admission

I/We would like to register our son/daughter for the year group and at the time indicated above. I/We hereby agree that one full term's notice in writing, must be given prior to the withdrawal of a child from the School. In default of such notice a full term's fees must be paid to the School. The Headteacher reserves the right to accept or reject any applicant and the School's acceptance of the registration form and any fee or deposit does not constitute the offer of a place.

I/We enclose £50 (Cheques should be made payable to 'Coventry School Foundation').

I/We enclose a copy of my/our child's birth certificate.

Signature of Father / male guardian:

Date:

Signature of Mother / female guardian:

Date:
