

The Mall School

185 Hampton Road, Twickenham, Middlesex TW2 5NQ

REGISTRATION FORM

Boy's surname _____

Boy's first names _____

Date of birth _____

(please underline the one commonly used)

Home address _____

Post Code _____

Home phone no _____

Father

Mother

Title _____

First name _____

Surname _____

Occupation _____

Work phone no _____

Mobile no _____

Email address _____

Other children: Name _____

Sex _____

Date of birth _____

Proposed date of entry: September 20 __. Please circle age of entry 4+ 7+ 8+ Other

Present school / pre-school (if any) _____

On final acceptance of a definite place I will agree to abide by the terms and conditions of the School. It is my intention that my son will remain at the school until the age of 13 to take the Common Entrance or Scholarship exam to his senior school.

I confirm the registration fee of £65 was paid on _____ (date) as detailed below.

Signed (parent or guardian) _____

Date: _____

Payment of the registration fee of £65 should be made by bank giro credit or online to The Mall School Trust – Governor's Account, Lloyds TSB, 17 Heath Road, Twickenham TW1 4AW, Sort Code 30-98-79, Account Number 00586437. This form should then be returned to the Headmaster's Secretary.

FOR OFFICE USE:

Reg. fee rec'd _____

Entered for _____

Date place offered _____

Deposit rec'd _____