Entrance Form

Pupil Information	
Pupil's Name Gender Address	Boy Girl G
Post Code Date of Birth	
Father or Guardian	
Name Occupation Telephone Number Mobile Number	
Mother	
Name Occupation Telephone Number Mobile Number	
Registration Information	
Proposed Date of En	ntrance
Previous School	
Please state if there are are any ailments of which the school should be informed:	
I enclose the registra	ation fee of £50.00 (non refundable) \Box
*	Provide proof of the date of birth of my child Send a note or certificate accounting for absence Give a term's notice in writing before withdrawing my child from the school or to pay one term's fees in lieu of notice. Allow my child to wear school uniform.
Signature of Parent	
	Date
The school reserves	the right to request the removal of any pupil who does not fit in with school requirements

Office use only	Sch	Age Check	Inter	IFD	Conf	Start	_
							WHS/EF20