

Registration Form

ADMISSION DATE (month and year)

CHILD'S FULL NAME

DATE OF BIRTH

PARENT/GUARDIAN details

Father

NAME

ADDRESS

TELEPHONE

Home

Day

EMAIL

OCCUPATION

Please indicate whether your employment is within the following sectors:

HM ARMED FORCES

EDUCATION

Mother

NAME

ADDRESS

TELEPHONE

Home

Day

EMAIL

OCCUPATION

Please indicate whether your employment is within the following sectors:

HM ARMED FORCES

EDUCATION

CHILD'S CURRENT SCHOOL

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES THAT WE SHOULD BE AWARE OF?

YES

NO

DOES YOUR CHILD CURRENTLY RECEIVE ANY LEARNING SUPPORT?

YES

NO

If you have ticked 'yes' to either question above please give details here

I enclose the non-returnable registration fee of £75.

I will notify the school of any changes of address or circumstances that may affect my child.

I understand that the school's acceptance of this registration form does not constitute the offer of a place.

I accept the Terms and Conditions dated September 2015, as published on the School's website www.st-francis.wilts.sch.uk

Signed

(Parent or Guardian)

Date

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