

Registration Form

1 Pupil Information

Surname _____

FirstName(s) _____

(Please underline the name generally used)

Date of Birth _____ Religion _____

Nationality _____

Ethnicity (This information is requested to ensure we comply with our Equal Opportunities policy and is not part of the admissions procedure).

- | | | | | |
|--|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> White-British | <input type="checkbox"/> White-Irish | <input type="checkbox"/> White-Other | <input type="checkbox"/> Black-African | <input type="checkbox"/> Black-Caribbean |
| <input type="checkbox"/> Black-Other | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Asian-Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed | <input type="checkbox"/> Other | | |

Proposed Level of Entry

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Nursery(3+) | <input type="checkbox"/> Reception(4+) | <input type="checkbox"/> Year3(7+) |
| <input type="checkbox"/> Year7(11+) | <input type="checkbox"/> Year12(16+) | <input type="checkbox"/> Other |

Proposed Year of Entry _____

2 Father's Title, Full Name (Mr,Dr,Other) _____

Address _____

_____ Postcode _____

Home Telephone _____ Mobile Telephone _____

Work Telephone _____ Email Address _____

Occupation _____ Company Name _____

3 Mother's Title, Full Name (Mrs,Ms,Dr,Other) _____

Address (if different from the above) _____

_____ Postcode _____

Home Telephone _____ Mobile Telephone _____

Work Telephone _____ Email Address _____

Occupation _____ Company Name _____

4 Please state the name and address of each school attended in the last 3 years

Present School _____

From _____ To _____

Name of Head _____ Telephone _____

Address _____

If relevant please provide the name and address of any other schools attended with dates



5 Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School (e.g. mother is an Old Girl).

6 Have you registered your child's name at any other school/s and if so, which?

Why are you considering St. Helen's?

Please say how you first heard of the School

Local Reputation Present School Friends or Family

School Directory _____ Advertisement _____
(please state which) (please state publication)

Internet _____ Other _____
(please state which website) (please give details)

7 Please outline any of your child's artistic, dramatic, musical or sporting skills or experience and any hobbies or interests (if applicable).

8 Please inform us in a confidential letter returned with this form of any medical condition (including allergies), disabilities or learning difficulty of your child, specifying whether there is a professional report on the issue.

Notes

Early registration is recommended. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

Declaration

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee in accordance with the Fees List is enclosed. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature _____

Name in full _____

Relationship to the Child _____ Date _____

Second Signature

Name in full _____

Relationship to the Child _____ Date _____

Please return this form and your cheque, made payable to St. Helen's School, to the Registrar together with a confidential letter addressed to the Head if there are any matters of which we ought to be aware before your child enters the School, or once here.

St. Helen's School Northwood Eastbury Road Northwood Middlesex HA6 3AS Tel +44 (0)1923 843210 Fax +44 (0)1923 843211
Registrar Tel +44 (0)1923 843230 Fax +44 (0)1923 843231 registrar@sthn.co.uk www.sthn.co.uk

A Company Limited by Guarantee Registered in England No. 420867
Registered Office Northwood Middlesex HA6 3AS Registered Charity No. 312762