



APPLICATION FOR REGISTRATION

DETAILS OF PUPIL

Name of pupil in full

Surname: _____

Forenames: _____

Address: _____

NB: please underline the forename by which the pupil is known

Date of Birth: _____

Male
Female

Boarder
Day

Transport

Nationality: _____

Proposed entry year : 20 _____

Religion: _____

Term of entry: Michaelmas

Name of present School: _____

Lent

Head Teacher: _____

Summer

Address: _____

Postcode: _____ Country: _____ Tel. No: _____

Please specify any additional educational or other needs: _____

Please enclose relevant assessment report.

DETAILS OF FATHER

Surname: _____

Forenames: _____

Tel No: _____

Mobile No: _____

Office Tel No: _____

Fax No: _____

Email: _____

Occupation: _____

Company Name: _____

DETAILS OF MOTHER

Surname: _____

Forenames: _____

Tel No: _____

Mobile No: _____

Office Tel No: _____

Fax No: _____

Email: _____

Occupation: _____

Company Name: _____

Person(s) to whom correspondence should be addressed, including rank or other title:

Name: _____

Name: _____

First Address: _____

Second Address: _____

Postcode: _____ Country: _____ Postcode: _____ Country: _____

I have received a copy of the School prospectus and understand that my son / daughter / ward will be subject to the School's rules and regulations. I understand that if I accept a place in the School I shall be required to accept the terms of admission in the attached parent contract.

Date: _____ Signature of Parent/Legal Guardian: _____

THIS FORM, TOGETHER WITH THE REGISTRATION FEE OF £100 SHOULD BE SENT TO MR ROBERT BACON, THE MASTER, ST EDMUND'S SCHOOL CANTERBURY, KENT, CT2 8HU IF PAYING VIA BANK PLEASE USE THE PUPIL NAME AS REFERENCE.