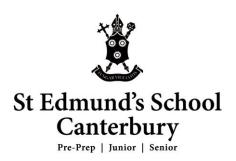


APPLICATION FOR REGISTRATION

Applicant D Surname:	•		ections using bloc		•				
Forename(s)									
	(Please unde	erline th	e forename by wh	ich the	pupil is known or	add pi	referred name)		
Date of Birth	:			Gender:			Female \square		
Proposed ye				_Propo	sed Academic Ye	ear			
(eg:		September 2014)				(eg: Middle Fifth / Year 10)			
Term:	Michaelmas	Ш	Lent	Ш	Summer	Ш			
Section:	Pre-Prep		Junior School		Senior School				
Туре:	Day		Boarder		Flexi-boarder		Weekly boarder \square		
Nationality:				Religion:					
First Langua	ge:				Birthplace:				
Main addres	ss: House, street	:							
Village or are	ea:				Town or city: _				
County or re	gion:		Postco	de:		Country:			
Name of pre	esent school:				Name of Head	Teach	ner:		
School Addre	ess:								
Postcode: Telephone:				Email:					
Father's De	tails: Mr / Dr / Oth	ner (<i>plea</i>	ase state):						
First Name:					Surname:				
Full Address	(if different from a	above):							
Occupation:					Company Nam	е.			
·					Evening Telephone:				
					Fax Number:				
First Language:					Marital Status:				
Mother's De	etails: Miss / Mrs/	Ms / Dr	/ Other please sta	ate:					
First Name:					Surname:				
Full Address	(if different from a	above):							
Occupation:					Company Nam	e:			
Occupation: Daytime Telephone:									
Mobile Number:									
Email:									
	ue.				Marital Status:				

Please list the names of other members of the family currently attending St Edmund's School Canterbury or registered for entry; or any other connection with the School.										
	arships									
			t Scholarships are take place in the Le		t to the highest achievers in c	ompetitive				
		applying for a Scl								
Ethnic	Origin									
	White		Black or Black E	British	Asian or Asian Britis	Asian or Asian British				
	British		Caribbean		Chinese					
	Irish		African		Indian					
	Other White		Other Black		Pakistani					
					Bangladeshi					
					Other Asian					
	Mixed		,	Any other ethnic	background					
	White and Blad	ck Caribbean			•					
	White and Black African									
White and Asian										
	Other Mixed									
Permi	ssion to use im	ages of your ch	nild							
when v	ve will wish to us	se such images		ite and in promot	ool activities. There may also litional literature for St Edmund age.					
	sh to know that y tick the appropri		r the school to use	such images of y	our child and would be very g	rateful if you				
I have no objection to my child's picture being taken and displayed on school notice boards, on the school website and in promotional literature for St Edmund's School.										
		s picture to be di for St Edmund's		notice boards, on	the school website and in					
ward w	vill be subject to	the school's rule	•	understand that	ne and understand that my so if I accept a place in the scho	•				
Date: _		Signa	ture of Parent/Lega	l Guardian:						

This form, together with the non-refundable registration fee of £100, should be sent to the Admissions Department, St Edmund's School Canterbury, St Thomas Hill, Kent, CT2 8HU. If paying via bank transfer, please use the pupil name as reference.



Additional Educational Needs

All information submitted on this form will be treated in confidence.
Child's full name:
Name of father / legal guardian:
Name of mother / legal guardian:
Please specify any additional or other educational needs.
This will enable us to consider any adjustments that we may need to make to assist your child to partake in the school's admissions procedure when he/she enters the school.
Please provide as much detail as possible in the space below. Where possible, please provide any relevant assessment reports etc.
You are requested to declare below any additional needs and/or health problems that might affect the child's welfare (please include any information about EpiPens or asthma inhalers):