



Application for Admission

Pupil information

Surname of Child Forenames

Date of Birth / / Sex Nationality First Language

Proposed Term and Year of entry

Parental or Guardian's Information

Father's title Full name

Address

..... Post code

Home Telephone Daytime Telephone

Mobile Telephone Email

Occupation

Mother's title Full name

Address (If different from above)

..... Post code

Home Telephone Daytime Telephone

Mobile Telephone Email

Occupation

Please mention here the names of any other members of the family attending the school or registered for entry.

Child 1 Child 2

Child 3 Child 4

Is there any other connection with the school that you would like us to know about?

.....

If applicable please state the name and address of present school and name of the Head.

Name of School Name of Head

Please outline any of your child's artistic, dramatic, sporting, musical and other skills or experience.

.....

Please outline any of your child's other hobbies or interests.

.....

Please tick as appropriate and if 'yes' provide more information on another sheet of paper if necessary.

Does your child have any medical conditions including allergies? Yes No

Does your child have any physical disabilities? Yes No

Does your child have any learning difficulties? Yes No

Please say how you first heard of the school.

.....

Have you registered your child at any other schools? Yes No

If Yes, please name school/s

.....

.....

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the school at the time offers are made.

Declaration

We request that the name of our above named child be registered as a prospective pupil. A cheque for the non-returnable registration of £50 is enclosed. We understand also that the school may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for purposes of assessment and, if a place is offered, in order to safeguard and promote the safety of the child.

First Signature Second Signature

Name in Full Name in Full

Relationship to Child Relationship to Child

Date /..... /..... Date /..... /.....

Please return this form to: The Registrar, Sevenoaks Preparatory School, Godden Green, Sevenoaks, Kent TN15 0JU **Tel.** 01732 762336 **Fax.** 01732 764279

Email. registrar@sevenoaksprep.kent.sch.uk **www.sevenoaksprep.kent.sch.uk**