



Registration Form

SECTION ONE (please complete in BLOCK CAPITALS)

PUPIL'S DETAILS

Name (in full): _____ Preferred Name: _____

Date of Birth: _____ Gender: _____ Nationality: _____

PARENT'S DETAILS

Father

Mother

Name (in full): _____

Name (in full): _____

Address: _____

Address: _____
(if different)

_____ Post code: _____

_____ Post code: _____

Is this the Pupil's main residence? _____

Is this the Pupil's main residence? _____

Tel (Home): _____

Tel (Home): _____

Tel (Work): _____

Tel (Work): _____

Tel (Mobile): _____

Tel (Mobile): _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Are you a Freeman of the City of London? _____

Are you a Freeman of the City of London? _____

Are you or any of your relatives past or current pupils of the School? (names, dates & House)

ADMISSION DETAILS

Circle the year group (or add in the space provided). Below that indicate the pupil's intended year of entry

Year Group 7+ 11+ 13+ 16+ _____ Other (please state)

Year of Entry

Day Pupil or Boarder? _____ Are we first or second choice? _____

School(s) attended for the last two years (with address and name of Head Teacher): _____

SECTION TWO (please complete where applicable)

PUPIL'S DETAILS

If your child has any specific learning difficulties or special educational needs, including any disability, please tick the box and we will forward the appropriate form for you to complete

FOR BOARDERS' PARENTS

Guardian's Name (in full): _____ Occupation: _____
(must be over 21 and UK based)

Address: _____

Post code: _____

Telephone No: _____ Mobile No: _____

E-mail _____

SECTION THREE (please sign the declaration)

I/We confirm that the information provided on this Registration Form is correct.

I/We understand that the information provided on this Registration Form, or in support of this application, will principally be used for the processing of the application, although it may also be used for any other purpose associated with my/our child's attendance at the City of London Freemen's School.

I/We understand that the personal information provided will be processed in accordance with the Data Protection Act 1998.

Father

Mother

Signature: _____ Signature: _____

Date: _____ Date: _____

**When completed this form should be sent with the Registration Fee
(cheques made payable to City of London Freemen's School) to:**

**Admissions Office
City of London Freemen's School
Ashted Park
Surrey
KT21 1ET**