

VIA REGISTRATION FORM



CHILD'S FIRST NAME	LAST NAME	DATE OF BIRTH (D/M/Y)

ADDRESS	CHILD'S MOBILE PHONE

NATIONALITY	LANGUAGE(S) SPOKEN AT HOME

YEAR OF ENTRY	ENTRY LEVEL
	<input type="checkbox"/> YEAR 10 (INTERNATIONAL GCSE) <input type="checkbox"/> YEAR 12 (IB DIPLOMA PROGRAMME)

	PARENT/LEGAL GUARDIAN 1	PARENT/LEGAL GUARDIAN 2
NAME		
ADDRESS		
PHONE		
EMAIL		
RELATIONSHIP TO CHILD		

PREVIOUS SCHOOLING EXPERIENCE (SCHOOL NAME, LENGTH OF ATTENDANCE)

LIST OF CHILD'S HOBBIES AND INTERESTS

MEDICAL: DOES YOUR CHILD HAVE ANY PRE-EXISTING MEDICAL CONDITIONS WHICH ARE RELEVANT FOR THE SCHOOL TO BE AWARE OF? IF YES, PLEASE COMMENT:

LEARNING SUPPORT: DOES YOUR CHILD HAVE ANY SPECIFIC LEARNING DIFFICULTIES AND HAS HE/SHE EVER RECEIVED ANY LEARNING OR IN-CLASS SUPPORT? IF YES, PLEASE COMMENT:

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LEARNING SUPPORT: HAS YOUR CHILD EVER RECEIVED CONSIDERATION IN EXAMINATIONS SUCH AS EXTRA TIME OR LAPTOP USE? IF YES, PLEASE COMMENT:

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IS THERE ANYTHING ELSE THAT YOU FEEL MIGHT BE HELPFUL TO US IN TERMS OF YOUR CHILD'S WELLBEING?

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Declaration by Parents/legal Guardians: We agree that the above-named child is registered as a prospective pupil. We have read and understand the *Terms and Conditions* and agree to inform the School of any changes to the information provided in this form.

PARENT/LEGAL GUARDIAN 1 SIGNATURE

DATE

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PARENT/LEGAL GUARDIAN 2 SIGNATURE

DATE

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FOR SCHOOL USE ONLY

SCHOOL ID NUMBER

DATE OF ENROLMENT

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