



PARK HILL SCHOOL & NURSERY

Please complete, detach and send, with registration fee, to: Admissions Secretary Park Hill School, 8 Queens Road, Kingston upon Thames, Surrey KT2 7SH

Early registration is recommended. Registrations will be considered in the order they are received and are subject to availability and the admission requirements of the school at the time when places are offered. A copy of the current edition of the standard terms and conditions is available on request.

CHILD'S SURNAME..... FIRST NAMES

DATE OF BIRTH..... Boy / Girl (please circle) NATIONALITY RELIGION.....

TERM AND YEAR FOR WHICH PLACE REQUIRED..... HALF DAY FULL DAY (please tick one)

MOTHER'S TITLE AND FULL NAME

ADDRESS..... POSTCODE.....

OCCUPATION..... DAY TELEPHONE..... EVENING TELEPHONE.....

MOBILE..... FAX EMAIL

FATHER'S TITLE AND FULL NAME

ADDRESS (IF DIFFERENT FROM ABOVE)..... POSTCODE.....

OCCUPATION..... DAY TELEPHONE..... EVENING TELEPHONE.....

MOBILE..... FAX EMAIL

OTHER SCHOOLS FOR WHICH REGISTERED.....

..... DATE OF ENTRY.....

Please state the names and address of school(s) previously attended, with dates

.....

Please give the names of any other members of the family who attend/ed the school, who are registered for entry, or have any other connection with the school

.....

How did you first hear of Park Hill? (please circle) Reputation • Via present school • Friends • Advertisement • Newspaper article

OTHER.....

Declaration We request that the name of the above child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50 is enclosed. We understand that the standard terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all dealings with the school.

FIRST SIGNATURE..... NAME IN FULL.....

RELATIONSHIP TO CHILD..... DATE.....

SECOND SIGNATURE..... NAME IN FULL.....

RELATIONSHIP TO CHILD..... DATE.....

For office use only RECEIVED..... REGISTRATION FEE.....