**REGISTRATION FORM** 

Please complete and send with the non-refundable registration fee of £100 (made payable to Park Hill School Ltd) 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 offers are made. 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	irl NATIONALITY:		RELIGION:	
Child's first language: If English is not the first language, please	e indicate level (		ther languages:		
ADDRESS:				POST CODE:	
TEL. NO.					
Entry Required For:					
TERM TIME NURSERY Early Years (sessions	·	,			
FULL TIME NURSERY (50 weeks of the year	ar) Early Years (se	essions – pleas	e see below) $\Box$	]	
Reception – Year 6 (please state):					
Early Years Sessions preferred (subject to 1st Steps: minimum of 5 sessions required 2nd Steps: minimum of 5 morning session	d. These can be	a mixture of m	ornings and/or af	ternoons.	
	Monday	Tuesday	Wednesday	Thursday	Friday
a.m p.m.					
Year & Term of Entry 20	Autumn	□ Spi	ing 🗆 Sur	mmer 🗆 🗆	
FIRST PARENT/LEGAL GUARDIAN NAME & TITLE: OCCUPATION:					'ATION:
BUSINESS ADDRESS:					
Home email:	Home Tel. Mobile:				
Work email: SECOND PARENT/LEGAL GUARDIAN NA/					
BUSINESS ADDRESS:					
Home email: Work email:			Home Tel. Work Tel.	Mobile:	
Other people with parental responsibility Please provide the name(s) and current responsibility) for the above named chiplace is made. Full Name & Title	t address(es) of				
Address				DOSTOOD	
Have you registered your child's name	at any other sch	nool(s) and if s	o, which?	POSTCODI	<u> </u>
	Proposed Date of Entry:				
Please state the name and address of	any school/nurs	ery attended (	where applicable	e) with dates:	

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

other connection with the school:

<b>How did you first hear of Park Hill?</b> (please circle) Reputation – Via present school – Friends – Advertisement – Newspaper article –Internet - Other:					
		lem or allergy affecting your child; any learning as any behavioural, emotional and/or social			
Declaration  I/We request that the name of the above child be registered as a prospective pupil.  I/We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.  I/We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.  I/we enclose a cheque  I/we will arrange a bank transfer, with our surname as reference to:  Barclays Park Hill School Ltd. A/c No. 13047385 Sort Code: 20-92-63  for £100 being the Registration Fee together with this completed Registration Form duly signed by me/us.					
	FIRST PARENT/LEGAL GUARDIAN	SECOND PARENT/LEGAL GUARDIAN			
Signature					
Name in Full					
Date of Birth					
Relationship to child					
Date					
	. Reg. Fee Encl Place Offe nited: a company limited by shares. red office: 11 Manor Drive, Cuckfield ,Hay	red:			
Email: secretary@parkhillschool.com Website: www.parkhillschool.com					