

Admissions

Child's Surname

Child's Forename

Date of Birth (dd/mm/yyyy)

Gender

First Line Address

Town

City

Post Code

Home Telephone Number

Nationality

Religion

Medical Condition/s

Admissions

Father's Details

Father's Name:

Profession:

Work Telephone No.:

Mobile No.:

E-Mail:

Mother's Details

Mother's Name:

Profession:

Work Telephone No.:

Mobile No.:

E-Mail:

Father's Signature

Mother's Signature

By checking this box, I understand and consent that the information will be held on the school's electronic management system and, that a paper copy will also be retained.

On receipt of this form you will be sent details via email for payment of the registration fee.

*Please send the completed form to **bursar@ursulineprepwarley.co.uk***