



Registration Form

(Request for a consideration of application)

1. **Surname of Your Child:**

First Names:

(Please underline the name generally used)

Date of Birth:

Nationality:

Religion:

Does your daughter hold a British passport? YES / NO

If no, does she have a current residence permit? YES / NO

Date of Expiry?

Proposed Term and Year of Entry:

Have you registered your child's name at any other school/s and if so, which?

I / We anticipate that I / we will need to request fees assistance. (Please tick if necessary).

2. **Father's Title, Full Names, Address (including postcode) and Occupation:**

Daytime Telephone:

Evening Telephone:

Email address:

Mobile Telephone:

3. **Mother's Title, Full Names, Address (if different from the above) and Occupation:**

Daytime Telephone:

Evening Telephone:

Email address:

Mobile Telephone:

4. Please state the names and dates of birth of children in the family with school(s) currently attended.

5. Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

6. Please say how you first heard of the School. Was it from:
- | | | | |
|---|----------------------------------|--|--|
| <input type="checkbox"/> Present School | <input type="checkbox"/> Friends | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Local Reputation |
| | | | <input type="checkbox"/> Other (Please give details) |

St Albans High School for Girls

7. Please state the name and address of the present school / nursery (with dates):

Name of Head:

8. Please outline any of your child’s artistic, dramatic, musical or sporting skills or experience (if applicable):

9. Please give an outline of your child’s other hobbies or interests (if applicable):

10. Please provide us with details of any medical condition (including allergies), disabilities or learning difficulty of your child.

11. Please give details of any special needs that we should take into account for your child for the entrance examination (continue on a separate sheet if necessary).

Is there a professional report on this special need? Yes / No
(If yes, please provide a copy with this form.)

Notes

Offers of places 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 terms and conditions will be supplied on request.

Declaration

We request that our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £100.00 made payable to ST ALBANS HIGH SCHOOL FOR GIRLS is enclosed. We understand that the terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including 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.

First Signature: **Second Signature:**

Name in full: Name in full:

Relationship to the Child: Relationship to the Child:

Date: Date:

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