

Please note that the registration lists for entry to Reception in 2010,2011 & 2012 are now full and closed
Entry to the Nursery class is restricted to siblings only.



KNIGHTSBRIDGE SCHOOL

If your child is aged 2 or more please attach a photograph of any size

DETAILS OF CHILD



Surname of your Child: _____

First Names: _____

(Please underline the name generally used)

Date of Birth: ____/____/____

Nationality: _____

Girl / Boy (please delete) **Religion:** _____ **First Language** _____

Proposed Year and Term of Entry: Autumn 20____ **Form** _____

Have you registered your child's name at any other school/s? YES/NO. If so, which?

DETAILS OF PARENTS

Father's Title and Full Name: _____

Address: _____

_____ **Postcode:** _____

Occupation: _____

Home Telephone: _____ **Mobile Telephone:** _____

E-Mail Address: _____

Mother's Title and Full Name

Address (if different from above) _____

Occupation: _____

Home Telephone _____ **Mobile Telephone:** _____

E-Mail Address _____

Siblings Names and Dates of Birth _____

Connections with the School: Please mention here the names of any other family members attending the school or registered for entry, or any other connection with the school.

Please say how you first heard of the School: _____

Current School Attended: (Name and Address of present and past schools, with dates)

Interests and Hobbies: Please give an outline of your child's artistic, dramatic, musical or sporting interests and any hobbies (if applicable)

Other Information: Has your child been assessed by any outside agency? Yes/No. If yes, please supply a copy of all reports when you bring your child to visit Knightsbridge School. Does your child have any medical condition? Yes/No. Learning Difficulty? Yes/No. Disability? Yes/No. Or require any special facilities to attend an Open or Assessment Day or to sit an entrance examination? Yes/No. If the answer to any of these questions is yes, please provide details on a separate sheet and you should provide us with copies of any learning support assessments or reports from Educational Psychologists.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A cheque payable to Knightsbridge School Limited for the non-refundable registration fee of £125.00 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 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 purpose 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 Child _____

Relationship to Child _____

Date _____

Date _____