



# KING HENRY VIII PREPARATORY SCHOOL

## REGISTRATION FORM

### PUPIL'S DETAILS

Forenames		
Surname		
	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Date of Birth		
Proposed Admission	Proposed month of entry: Sept / Jan / Apr Proposed year of entry: 20__	Proposed Year group:
Name and Address of Present School (if applicable)		
Name of Present Head		

### PARENTS' DETAILS

Father's Name		
Address		
Postcode	Please tick if the child also lives at this address <input type="checkbox"/>	
Telephone Numbers	Home:	Work:                      Mobile:
Email Address		
Mother's Name		
Address (if different to above)		
Postcode	Please tick if the child also lives at this address <input type="checkbox"/>	
Telephone Numbers	Home:	Work:                      Mobile:
Email Address		

### FEE PAYER'S DETAILS (if not parents)

Name of Fee Payer		
Address of Fee Payer		
Postcode		
Telephone Numbers	Home:	Work:                      Mobile:



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## Nursery Applications

Please enclose a copy of your child's Birth Certificate and a registration deposit of **£250** with this form, which will be credited against the first term's fees on your child joining the school.

Please indicate which sessions you are provisionally interested in:

- Morning until 12.30pm
- Morning and lunch until 1.30pm
- Afternoon until 3.30pm
- Full Day until 3.30pm

## All other Applications

Please enclose a copy of your child's Birth Certificate and a non refundable registration fee of **£30** with this form.

A further **£150** deposit is payable on confirmation and acceptance of an offered place, which will be credited against the first term's fees.

The Headmaster may, upon receipt of this form, contact the present school of the applicant to ask for a formal report of progress.

Do you have a child who already attends/has attended a school within Coventry School Foundation?

If so,

Name of child:

School:

All cheques should be made payable to **'Coventry School Foundation'**.

<input type="checkbox"/> I enclose £30	<input type="checkbox"/> I enclose £150	<input type="checkbox"/> I enclose £250
Date Received      Initials	Date Received      Initials	Date Received      Initials
<small>For office use only</small>	<small>For office use only</small>	<small>For office use only</small>

Does your child have a medical condition or any special needs that we need to be aware of; for example, a physical disability, asthma, dyslexia, dyscalculia?      No

Yes

If Yes please give details:

## Registration Statement

I/We would like to register our son/daughter for the year group and at the time indicated above. I/We hereby agree that one full term's notice in writing, must be given prior to the withdrawal of a child from the School. In default of such notice a full term's fees must be paid to the School. The Headmaster reserves the right to accept or reject any applicant and the School's acceptance of the registration form and any fee or deposit does not constitute the offer of a place.

Signature of Father: ..... Date: .....

Signature of Mother: ..... Date: .....

**Please send all registrations for the attention of Mrs L Batson, Headmaster's PA at:**

**Swallows Campus**  
Kenilworth Road  
Coventry  
CV3 6PT  
024 7627 1307