



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.

Your child must attend one session each day of the week and a minimum of 20.5 hours per week.

Please indicate which sessions you are provisionally interested in:

Morning until 12.00 noon

Morning and lunch until 1.30pm

Full Day until 3.30pm

Sessions required can be decided upon at the Parent and Toddler session prior to your child starting. These sessions are fixed for the duration of a term. Any changes to sessions required for the following term should be made in writing at least 2 weeks before the end of the current term.

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
For office use only	For office use only	For office use only

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