



St Hilary's School

Please return this completed form to:

The Admissions Manager, St Hilary's School, Holloway Hill, Godalming, Surrey GU7 1RZ

Tel: 01483 416551

Email: admissions@sthilarysschool.com

www.sthilarysschool.com

Registration Form

Pupil information

Surname of child Forenames

Date of Birth / / Sex Nationality First Language

Proposed Term and Year of Entry Religion.....

Previous Education.....

Parental or Guardian's information

Father's title Full name

Address

..... Postcode

Home Telephone Daytime Telephone

Mobile Telephone Email

Occupation

Mother's title Full name

Address (If different from above)

..... Postcode

Home Telephone Daytime Telephone

Mobile Telephone Email

Occupation.....

Please mention here the names of any other members of the family attending the school or registered for entry.

Child 1 Child 2

Child 3 Child 4

Are there any other connections with the school that you would like us to know about?

.....

If applicable, please state the name and address of present school and name of the Head.

Name of School..... Name of Head

Please outline any of your child’s artistic, dramatic, sporting, musical and other skills or experience.

.....

Please outline any of your child’s other hobbies or interests.

.....

Please tick as appropriate and if ‘yes’ provide more information on another sheet of paper if necessary.

Does your child have any medical conditions including allergies? Yes No

Does your child have any physical disabilities? Yes No

Does your child have any learning difficulties? Yes No

Please say how you first heard of the school.

.....

Have you registered your child at any other schools? If Yes, please name school/s Yes No

.....

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the school at the time offers area made.

Declaration

We request that the name of our above named child be registered as a prospective pupil. A bank transfer for the non-returnable registration of £120 (including VAT) has been made on .../.../..... We understand also that the school may obtain, process and hold personal information about our child, including sensitive information such as medical details, if a place is offered, in order to safeguard and promote the safety of our child.

First Signature..... Second Signature.....

Name in Full Name in Full

Relationship to Child Relationship to Child

Date / / Date/ /

Both parents should sign above. Guardian may only sign if they agree to be legally responsible for payment fees. If you are not the legal guardian of the child, please complete below the details of the legal guardian.

Full Name..... Address

..... Postcode

FOR SCHOOL USE	
Date of entry	Form
Reg. Fee Received	Age of Entry
Deposit Received	Admission No.