

Section Five: General

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

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

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child (if applicable).

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.

If yes please give us names and approximate dates

How did you hear of Leweston?

Section Six: Declaration and Payment

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 are made. A copy of the School's **Terms and Conditions** will be supplied on request.

Declaration

I/We request that our child named above is registered as a prospective pupil.

I/We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I/We understand that the School may also obtain, process and hold personal information about our child which may include 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.

I/We enclose the **non-refundable Registration Fee of £100** together with the completed Registration Form duly signed by me/us.

Signature of **BOTH** Parent(s) or Legal Guardian(s)

Full Name(s):

Date(s) of birth:

Relationship to child:

Date:

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www.leweston.co.uk

Leweston School Trust is registered in England at the above address
as a Company Limited by Guarantee No. 2041443. Registered Charity No. 295175

'Registration Form'

'Tabula ad Nomina ad Scribenda'

Registration Form

Information given in this form will be relied on by the School.

You are kindly requested to inform us immediately of any changes.

Section One: Pupil's Details:

Start Date: _____

Entry to which Year Group? _____

Application for Pupil to attend as: _____

Full Boarder Weekly Boarder Day Pupil

Pupil's Surname: _____

First Name(s): _____

Date of Birth: _____

Nationality: _____

Religion: _____

Doctor's Name, Address and Telephone No: _____

Name and Address of present School: _____

Head's Name: _____

Start Date at present School: _____

School Telephone: _____

School Fax: _____

Section Two: Parents'/Legal Guardians' Details:

FATHER'S SURNAME: _____

First Name(s): _____

Title eg Mr, Dr: _____

Address: _____

Home Telephone: _____

Daytime Contact No: _____

Fax No: _____

Mobile No: _____

E-Mail: _____

Occupation: _____

MOTHER'S SURNAME: _____

First Name(s): _____

Title eg Mrs, Ms, Dr: _____

Address (if different from Father's): _____

Home Telephone: _____

Daytime Contact No: _____

Fax No: _____

Mobile No: _____

E-Mail: _____

Occupation: _____

If parents are separated, please indicate here: _____

With whom the child(ren) live(s): _____

To whom invoices should be sent: _____

Copies of reports and School letters etc to both parents
(tick as appropriate) Yes No

Section Three: Other People with Parental Responsibility:

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the named child. Their consent to the child attending the School will be required if an offer of a place is made.

Title eg Mr, Dr: _____

Full Name: _____

Address: _____

Section Four: Details of Guardian:

This section should be completed by parents who live or work outside the UK.

It is a school requirement that all overseas pupils have a Guardian living in the UK, who will be responsible for them during school terms and to whom reference can be made when organising travel and exeat, or who will act on your behalf in case of emergency.

Guardian's Full Name: _____

Guardian's Address: _____

Home Telephone No: _____

Work No: _____

Mobile No: _____

E-mail: _____

Fax: _____

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at Leweston School (if applicable).
(tick as appropriate) Yes No