



CAMERON VALE SCHOOL REGISTRATION FORM

* Please complete in block capital letters

DETAILS OF CHILD

OPTIONAL: PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD IF THEY ARE OVER 3 YEARS OLD			
Surname		First Name(s)	
Date of Birth (d/m/y) / /	Nationality	Sex	Religion
Child's First Language		Other Languages	
Proposed Term and Year of Entry			
If you have registered at any other school please write which one(s)			

DETAILS OF PARENTS

PARENT 1 / LEGAL GUARDIAN	PARENT 2 / LEGAL GUARDIAN
Title	Title
First Name	First Name
Surname	Surname
Relationship to Child	Relationship to Child
Email Address: (for future correspondence)	Email Address: (for future correspondence)
Mobile	Mobile
Daytime Telephone	Daytime Telephone
Home Address	Home Address
This is the address at which the child resides <input type="checkbox"/>	This is the address at which the child resides <input type="checkbox"/>
Occupation	Occupation
Company Name and Address	Company Name and Address

OTHER DETAILS

CHILD'S PRESENT NURSERY/ SCHOOL	CONNECTIONS WITH CAMERON VALE
Name of School:	Please specify the names of other family members attending the school or registered for entry or if you have any other connection with the school.
Address:	
Name of Head:	HOW DID YOU FIRST HEAR OF CAMERON VALE?
Telephone:	



Email:	
--------	--

MEDICAL INFORMATION

PLEASE INCLUDE ANY INFORMATION REGARDING ANY HEALTH PROBLEM OR ALLERGY AFFECTING YOUR CHILD; ANY LEARNING DIFFICULTY, DISABILITY OR SPECIAL EDUCATIONAL NEEDS

Details can be provided on a separate sheet if necessary.

PLEASE NOTE: Early registration is recommended. 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
<p>I / We:</p> <ul style="list-style-type: none"> Request that the child named above is registered as a prospective pupil; Have transferred the non-refundable Registration Fee of £200 by direct bank transfer to: <p>BACS Information</p> <p>Santander Bank Account Name: Forfar Chelsea Limited Sort Code: 09-02-22 Account Number: 11061052 Swift Code: ABBYGB2LXXX IBAN: GB95 ABBY 0902 2211 0610 52</p> <p>With reference (name of child and year of entry EG, JOSEPHSMITH17) and payment date</p> <p>Or (please delete payment method as appropriate) enclose a cheque in the sum of £200 and made payable to Forfar Chelsea Limited in respect of the non- refundable Registration Fee</p> <ul style="list-style-type: none"> Enclose the completed Registration Form duly signed by me/ us

SIGNED DECLARATION	PARENT 1 / LEGAL GUARDIAN	PARENT 2 / LEGAL GUARDIAN
SIGNATURE		
FULL NAME		
NAME OF CHILD		
DATE		

FOR OFFICE USE ONLY			
Child's Name and D.O.B.:			
Date Received:			
Registration Fee Received by:	BACS	Date:	Ref:



	Cheque	
Acknowledged by:	Email	Date Sent:
	Letter	Date Sent: