



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	Gender	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
Surname	Surname
First Name	First Name
Relationship to Child	Relationship to Child
Daytime Telephone	Daytime Telephone
Mobile	Mobile
Email Address: (for future correspondence)	Email Address: (for future correspondence)
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:	
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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

I / We:

- Request that the child named above is registered as a prospective pupil;
- Have transferred the non-refundable Registration Fee of £150 by direct bank transfer to:

BACS Information
Allied Irish Bank
Account Name: Forfar Chelsea Ltd
Sort Code: 23-85-89
Account Number: 01657092 | Swift Code: AIBKGB2LXXX
IBAN no: GB69 AIBK 2385 8901 6570 92
With reference (name of child and year of entry EG, JOSEPHSMITH17) and payment date

Or (please delete payment method as appropriate) enclose a cheque in the sum of £150 and made payable to Forfar Chelsea Limited in respect of the non- refundable Registration Fee

- 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:	