



CAMERON HOUSE SCHOOL

4 THE VALE, LONDON SW3 6AH

## Registration Form

(Please complete in block capital letters)

<b>Details of Child</b> (Optional: Please attach a recent photograph of your child if they are over 3 years old)			
<b>Surname:</b>		<b>First Name(s):</b>	
<b>Preferred Name:</b>	<b>Date of Birth:</b> ____/____/____(d/m/y)	<b>Nationality:</b>	<b>Gender:</b>
<b>Child's First Language:</b>		<b>Other Languages:</b>	
<b>Proposed Term and Year of Entry:</b>		<b>Religion:</b>	
<b>If you have registered at any other school please write which one(s):</b>			

<b>Parent 1/ Legal Guardian</b>	<b>Parent 2/ Legal Guardian</b>
<b>Title:</b>	<b>Title:</b>
<b>Surname:</b>	<b>Surname:</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Daytime Telephone:</b>	<b>Daytime Telephone:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Email Address:(for future correspondence)</b>	<b>Email Address:(for future correspondence)</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Company Name and Address:</b>	<b>Company Name and Address:</b>
<b>Child's Present Nursery/ School: (if applicable)</b>	<b>Connections with Cameron House:</b>
<b>Name of School:</b>	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.
<b>Address:</b>	
<b>Name of Head:</b>	<b>How did you first hear of Cameron House?</b>
<b>Telephone:</b>	
<b>Email:</b>	

T: 020 7352 4040

E: [info@cameronhouseschool.org](mailto:info@cameronhouseschool.org) W: [www.cameronhouseschool.org](http://www.cameronhouseschool.org)

Member of The Independent Association of Prep Schools



Cameron House School Limited, Registered in England and Wales number: 08037800 Registered office: 4 The Vale, London SW3 6AH



## CAMERON HOUSE SCHOOL

4 THE VALE, LONDON SW3 6AH

**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 £120 by direct bank transfer to:

Cameron House School Limited

Sort code: 15-99-00

Account no: 02306770

Swift: HOABGB2L

IBAN no: GB66 HOAB 1599 0002 3067 70

With reference: \_\_\_\_\_ (Please use name of child as your reference)

Date: \_\_\_\_\_

*Or (please delete payment method as appropriate)*

enclose a cheque in the sum of £120 and made payable to Cameron House School Limited in respect of the nonrefundable 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 ( <i>in block capitals</i> ):		
Name of Child ( <i>in block capitals</i> ):		
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:	
Initial:	Letter	Date Sent:	
Notes:			