



CAMERON HOUSE SCHOOL

4 THE VALE, LONDON SW3 6AH

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): | | | |

| 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: |
| Occupation: | Occupation: |
| Company Name and Address: | Company Name and Address: |

| Child's Present Nursery/ School: (if applicable) | Connections with Cameron House: |
|--|--|
| 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 House? |
| 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 confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School (if applicable).

Yes No

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 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 (<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: | |

