

# NEWCASTLE UNDER LYME SCHOOL

## REGISTRATION FORM

Serial No.
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Child's Surname	First, or Called Name		
Other Names	Date of Birth	Sex	
Child's Address	Month and year of Desired Entry	Year	Month
	Age at 1st September in year of Desired Entry	Years	Months
Telephone			
Nationality	Will you require financial assistance with fees? (Not applicable to Junior School entry)	YES/NO	
Schools Attended Name	Address	Dates	Fee Paying?
Parent's (or legal Guardian's) Name	Occupation		
Address	Business Address		
Telephone	Telephone		
Names of any brothers or sisters attending the School or registered for entry, (please give serial numbers, if known), or any other connection with the School.			
<p>I enclose a copy of the child's birth certificate.</p> <p>I certify that my son/daughter/ward has not been dismissed, nor his/her removal requested, from any school on account of misconduct.</p> <p>I understand that the School's acceptance of this registration does not constitute the offer of a place in the School.</p>			
Signed .....			
Date .....			
Relationship .....			
1	2	3	4

*For office use only*