



Hydesville Tower School

25 Broadway North, Walsall, West Midlands, WS1 2QG

Tel: 01922 624374

Registration Form

Please complete all sections of this form and return to the Admissions Registrar, together with the non-returnable fee of £50 (made payable to Hydesville Tower School)

1. **Surname of Your Child:**

First Names:

(Please underline the name generally used)

Date of Birth:

Male / Female

Nationality:

Religion:

Address: (including postcode):

Proposed Term and Year of Entry:

Have you registered your child's name at any other school/s and if so, which?

2. **Father/Legal Guardian's Title & Full Names:**

Address (including postcode) (if different from the above):

Home Telephone:

Work Telephone:

Mobile Telephone:

Email address:

Occupation:

Name of Company:
(Employer)

3. **Mother/Legal Guardian's Title & Full Names:**

Address (including postcode) (if different from the above):

Home Telephone:

Work Telephone:

Mobile Telephone:

Email address:

Occupation:

Name of Company:
(Employer)

4. Who has parental responsibility for the child?

Name of contact:

Relationship:

Continued over....

5. Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

6. Please say how you first heard of the School. Was it from:

- Local Knowledge Sibling or other relative in School Word of Mouth
 Advertisement Website Other (Please give details)
-

7. Please state the name, address and telephone number of the present school (with dates):

Name of Head:

8. Please provide us with any details of diet restrictions:

9. Please provide us with details of any medical condition (including allergies), disabilities or special educational need of your child.

10. Is English your child's first language?

- Yes No

If English is an additional language, please specify their first language

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

Declaration

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50 is enclosed. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature: **Second Signature:**

Name in full: Name in full:

Relationship to the Child: Relationship to the Child:

Date: Date: