

STANSTEAD ROAD • CATERHAM • SURREY CR3 6AF • TEL: 01883 343344 • FAX: 01883 342021

HEADMASTER: MR. ALEX GEAR B.Ed

Registration Form

Please complete this form in full and submit your non-returnable registration fee for £150.00 by BACS in order to secure your child's place on the waiting list

on the waiting list			
Surname of child:			
First Names: (Please underline the name generally used)			
Date of Birth:	Nationality:		
Religion:		Ethnicity:	
Proposed Entry Date:	Term:	Year:	
Parent 1, Full Name, Address & Occupation:			
Home Tel:	Work Tel:		
Mobile Tel:			
E-mail Address:			
Parent 2, Full Name, Address (if different from the above) & Occupation:			
Home Tel:	Work	Tel:	
Mobile Tel:			
E-mail Address:			
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			

Name and date of birth of all siblings:

Please say how you first heard of the School. Was it from:				
Local reputation □	ISIS			
Friends	Advertisement			
Other (please give details)				
Please give the name and address of present school, if applicable and with dates:				
Name of Head:				
Please sive details on a congrete cheet of paper if appropriate:				
Please give details on a separate sheet of paper, if appropriate: • Does your child have any known medical condition, learning differences or health problems?				
 Does your child possess any particular artistic, dramatic, musical or sporting skills or experience? 				
Please give an outline of any other hobbies or interests.				
Notes.				
Notes: (a) This registration form does not give rise to a commitment by the School or the Parents. Early registration is recommended. Registrations will be considered in the order they are received. The offer of a place is subject to availability and the entry requirements of the School at the time of the offer. Two signatures to the Registration form are required unless impracticable.				
(b) Our Registration Fee has been paid as requested. □				
DECLARATION				
We request that the above named child be registered as a prospective pupil. The non-returnable Registration Fee has been paid by BACS system to Account Name: Oakhyrst Grange Educational Trust, Sort code: 30-92-45 Account No: 01882883 We understand that the Standard Terms and Conditions of the School will undergo changes from time to time as circumstances require and will apply in all our dealings with the School.				
First Signature		Second Signature		
Name in full :		Name in full :		
Relationship to child :		Relationship to child :		
Date :		Date :		
		Office use only: Payment Received □ Date of payment Scanned □		