

Registration Form

Please complete in capitals.

Pupil Details

Surname						
First Name		Middle Name(s)				
Preferred Name			Date of Birth	DD	MM	YYYY
Gender						

Term of Entry	Term	Year	Entry Year	
Current School				

Nationality		First Language	
-------------	--	----------------	--

Parent / Legal Guardian 1

Title		First Name(s)	
Surname			
Relationship to Pupil			
Address			
		Post Code	
Home Phone		Mobile Phone	
Email			

Parent / Legal Guardian 2

Title		First Name(s)	
Surname			
Relationship to Pupil			
Address			
		Post Code	
Home Phone		Mobile Phone	
Email			

Where parents or legal guardians have different addresses, who does the pupil ordinarily reside with?

	Parent / Legal Guardian 1
	Parent / Legal Guardian 2

Special Educational Needs

Please state any special educational needs, learning support, medical conditions or disabilities for which your child may need reasonable adjustments. Please also give details of any specialist assessments your child has had in their current setting.

Connections with Cranford House

Please state the names of any other members of the family that attend Cranford House, or any other connection with the school.

Parents'/Legal Guardians' Declaration:

- I/We request that the child named over is registered as a prospective student at Cranford House. A cheque for the non-returnable fee of £75 is enclosed.
- I/We declare that the details given above are correct to the best of my/our knowledge.
- I/We understand that the data I have provided will be processed in accordance with the terms of the School's Privacy Notice, which is available from the School on request.

Parent / Legal Guardian 1 Signed:

Date:

DD	MM	YYYY
----	----	------

Parent / Legal Guardian 2 Signed:

Date:

DD	MM	YYYY
----	----	------