

SECTION ONE (please complete in BLOCK CAPITALS)

PUPIL'S DETAILS

Name (in full): _____ Preferred Name: _____

Date of Birth: _____ Gender: _____ Nationality: _____

PARENT'S DETAILS

Father

Name (in full): _____

Address: _____

Post Code: _____

Is this the pupil's main residence? _____

Tel (Home): _____

Tel (Work): _____

Tel (Mobile): _____

Email: _____

Occupation: _____

Company: _____

Are you a Freeman of the City of London? _____

Mother

Name (in full): _____

Address (if different) _____

Post Code: _____

Is this the pupil's main residence? _____

Tel (Home): _____

Tel (Work): _____

Tel (Mobile): _____

Email: _____

Occupation: _____

Company: _____

Are you a Freeman of the City of London? _____

Are you or any of your relatives past or current pupils of the school? (names, dates & House)

ADMISSION DETAILS

Please fill in the pupil's calendar year of entry below the appropriate year group.

Year Group **Year 3 (7+)** **Year 7 (11+)** **Year 9 (13+)** **Year 12 (16+)** _____ (other please state)

Year of Entry
eg 2018

Day Pupil or Full/Weekly Boarder? _____ Are we first or second choice? _____

School(s) attended for the last two years (with address and name of Head Teacher): _____

SECTION TWO (please complete where applicable)

PUPIL'S DETAILS

If your child has any specific learning difficulties or special educational needs, including any disability, please tick the box and we will forward the appropriate form for you to complete.

SECTION THREE (please Sign the declaration)

I/We confirm that the information provided on this Registration Form is correct.

I/We understand that the information provided on this Registration Form, or in support of this application, will principally be used for the processing of the application, although it may also be used for any other purpose associated with my/our child's attendance at the City of London Freeman's School.

I/We understand that the personal information provided will be processed in accordance with the Data Protection Act 1998.

Father/Guardian

Signature: _____

Date: _____

Mother/Guardian

Signature: _____

Date: _____

SECTION FOUR (registration fee)

A Registration Fee of £100 is payable on registration. This fee is non-refundable. The preferred method of payment is by bank transfer. Please tick the appropriate box below.

I have made payment in the sum of £100 via bank transfer.
(NB. Please put your child's name as the payment reference. Bank details below.)

Please find enclosed a cheque in the sum of £100.
(NB. Please make cheques payable to CLFS.)

Account Name: City of London Freeman's School Fees Account
Account No.: 00070500
Sort Code: 30-00-02
IBAN: GB04LOYD30000200070500
SWIFT CODE: LOYDGB2LCTY

When completed this form should be sent to:

**Admissions Office
City of London Freeman's School
Ashted Park
Surrey
KT21 1ET**