



Hampshire Collegiate School

The best in everyone™

A member of United Church Schools Trust

HAMPSHIRE COLLEGIATE SCHOOL

Registration Form

If you wish to register your child for entry into HCS, please complete this form and return it to The Registrar, Mrs J Baird, with a (non-returnable) **Registration Fee of £50** per child; cheques should be made payable to "Hampshire Collegiate School". **A receipt will only be issued on request.**

1. **Surname of Prospective Pupil:**

First Names: **Boy** **Girl**
 (Please underline the name generally used)

Date of Birth: **Nationality:** **Religion:**

Mother Tongue/First Language:

Proposed Term of Entry Autumn (September) Spring (January) Summer (Mar/Apr) Academic Calendar Year of Entry

Year Group on Entry: Rec Year 1 Year 2 Year 3 Year 4 Year 5
 Year 6 Year 7 Year 8 Year 9 Year 10 Year 11
 Year 12

Day Pupil Boarding¹ Weekly Boarding¹ Flexible Boarding^{1&2}

Notes: ¹ Boarding available from Year 7 to Year 13. ² Flexi-boarders are accepted subject to the availability of space in the boarding house. In the event that spaces become limited flexi-boarders may be asked to leave the boarding house to accommodate a full or weekly boarder.

2. **Father's Title, Full Name,**

Address (where different from Section 2. above):

.....

..... **Post Code:**

Occupation:

Daytime Telephone: **Evening Telephone:**

Mobile: **Email:**

This is Pupil's Home Address:

3. **Mother's Title and Full Name:**

Address (where different from Section 2. above):

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..... **Post Code:**

Occupation:

Daytime Telephone: **Evening Telephone:**

Mobile: **Email:**

This is Pupil's Home Address:

4. Guardian's Title, Full Name, Address: if applicable

(appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian).

Post Code:

Occupation:

Details of Appointment:

Daytime Telephone: Evening Telephone:

Mobile: Email:

This is Pupil's Home Address:

4. Please mention here any special home circumstances of which the school should be aware:

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5. Please give the name and address of the present school (with start date) if applicable.

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Name of Head:

6. Please mention here any previous connection with the school.

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Notes:
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 standard 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 standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances may require and will apply in all our dealings with the School.

We understand also that the School (through the Principal, 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:

Name in full:

Relationship to the Child:

Date:

Second Signature:

Name in full:

Relationship to the Child:

Date: