

**REGISTRATION FORM**

If you wish to register your child for entry into HCS Prep School Nursery, 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:** .....

Age at date of Entry ..... Proposed Month of Entry ..... Proposed Year of Entry .....

Please indicate your choice of days and sessions below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning with Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

.....  
 ..... 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): .....

.....  
 ..... 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 nursery (with start date) if applicable.**

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Name of Nursery Manager: .....

**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:** .....

