



Hampshire Collegiate Senior School

BOARDING REGISTRATION FORM – OVERSEAS

PLEASE COMPLETE IN ENGLISH

If you wish to register your child for entry into HCS Senior School, please complete this form and return it to The Registrar with a (non-returnable) Registration Fee of £100 per student; please contact the Registrar for payment details. 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:

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

Year Group on Entry:

Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Duration of stay

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):

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..... Post Code:

Occupation:

Daytime Telephone: Evening Telephone:

Mobile: Email:

This is Pupil's Home Address:

4. Guardian's (or any other person with parental responsibility) Title, Full Name, Address: (if applicable)

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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)

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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 non-returnable registration fee of £100 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:

