

Other schools for which your daughter is registered:

Current school:

Head teacher:

Another point of contact for correspondence:

Other members of the family that have a connection with the school:

Details of disability, special educational needs or medical condition:

How you first heard about the School:

Girl's own Email address (If over 16 on entry):

Registration submitted by:

Legal Status:

Tel:

Email:

If you need to update these details at anytime, please contact the Admissions Office: T. 01935 818224 or E. enquiry@sherborne.com

Declaration

We request that the above named girl be registered as a prospective pupil. A cheque for the non-returnable registration fee of £100 made payable to Sherborne School for Girls is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Headmistress, as a person responsible) may obtain, process and hold personal information about our daughter, 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 her welfare.

Each of those with parental responsibility to sign and complete below

First signature: _____

Second signature: _____

Name in full: _____

Name in full: _____

Relationship to the girl: _____

Relationship to the girl: _____

Date: _____

Date: _____

