



Registration Form

Pupil's Surname Boy/Girl (please delete as appropriate)

First names
(Please underline the name he/she would like to use, or give the appropriate abbreviated form)

Date of birth Nationality Religion

First Language Other languages spoken

Current School Other Schools you may be looking at

| Parents | Father | Mother |
|----------------|---------------|---------------|
| Full Name | | |
| Profession | | |
| Address | | |
| | | |
| | | |

Contact Details

Home Telephone
 Mobile Number
 Email

Proposed date of entry

Please mark below which year group option you wish to register your child (grey = not available)

| | Day | Flexible Boarding (1-5 nights) | Occasional Boarding (3 nights) | Full Boarding |
|-------------------------------|-----|-----------------------------------|-----------------------------------|---------------|
| Pre-Preparatory School | | | | |
| Reception (Age 4) | | | | |
| Year 1 | | | | |
| Year 2 | | | | |
| Preparatory School | | | | |
| Year 3 (Age 7) | | | | |
| Year 4 | | | | |
| Year 5 | | | | |
| Year 6 | | | | |
| Year 7 (Age 11) | | | | |
| Year 8 | | | | |
| Felsted School | | | | |
| Year 9 (Age 13) | | | | |
| Year 10 | | | | |
| Lower Sixth (Age 16) | | | | |

Please provide details of other children in the family

| | | |
|------------|---------------------|----------------------|
| Name | Date of Birth | Present School |
| Name | Date of Birth | Present School |
| Name | Date of Birth | Present School |
| Name | Date of Birth | Present School |

Names of other family members at The Felsted Schools:

Past

Present

Are there any conditions relating to your child of which the School should be aware of, such as: ADHD, Allergies, Asperger's Syndrome, Autism, Dyslexia, Dyspraxia, Hearing or Visual Impairment? Please detail below:

.....

.....

Does your child have any extra help to support this? Yes/ No

Please note your ethnic origin, such as White British/ Irish, Black Caribbean/ African, Asian Indian/ Pakastani/ Bangladeshi, Mixed White and Black Caribbean/ White and Black African/ White and Asian, Chinese or any other ethnic background below.

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I request that my child be registered as a candidate for admission at The Felsted Schools and I enclose the registration fee of £75.00 which I understand is non refundable. A cheque should be made payable to Felsted School.

Signed

Date

Notes: Admission and entry will be subject to the availability of a place and the pupil satisfying the admission requirements at the time. The School operates an equal opportunities policy. Early registration is recommended.

Guardian: If parents do not live permanently in the UK, a Guardian must be appointed. Pupils over the age of 16, whose parents live in the European Union, do not need a Guardian.

For **Felsted Preparatory School** entry, please return this form to:

Mrs Ruth Wyganowski
Admissions Officer
Felsted Preparatory School
Felsted
Essex CM6 3JL
Please call 01371 822611 or email rmw@felstedprep.org if you have any queries.

For **Felsted School** entry, please return this form to:

Miss Claire Laskey
Admissions Officer
Felsted School
Essex
CM6 3LL
Please call 01371 822605 or email ado@felsted.org if you have any queries.