



RENDCOMB COLLEGE & JUNIOR SCHOOL

Registration Form

Pupil's Personal Information

Full forename(s) _____ Surname _____

(please underline name normally used)

Date of birth _____ Nationality _____ Religion _____ Gender M/F

Entry level Year 7 Year 9 Year 10 Year 12
 11+ 13+ 14+ 16+

Year of entry September _____ Day / Weekly Boarder/Boarder _____

Father's title, name and address

Mother's title, name and address

Evening No _____

Evening No _____

Daytime No _____

Daytime No _____

Mobile _____

Mobile _____

Fax _____

Fax _____

Email _____

Email _____

Profession _____

Profession _____

Name and address of present school (giving dates) _____

Head's name _____ Contact no _____

Please give an outline of your child's hobbies and interests _____

Please give any information that you consider relevant (e.g. learning difficulties) _____

Declaration by parent/Legal Guardian - we request that the above named child is registered as a prospective pupil
Please note that both parents must sign this form

Father's signature _____ Date _____

Mother's signature _____ Date _____

One form should be completed for each pupil and returned to the Registrar with the Registration Fee of £70 per child.
Please make cheques payable to Rendcomb College.