



RENDCOMB COLLEGE JUNIOR SCHOOL AND SENIOR SCHOOL REGISTRATION FORM

Pupil's name(s) _____ Surname _____
(please underline name generally used)

Date of Birth _____ Nationality _____ Religion _____

Proposed entry date _____ Year Group on entry _____ Day/Weekly Boarder/Boarder _____

Father's Title _____ Name _____

Address _____

Daytime No _____ Fax _____ Mobile _____

Evening No _____ Email _____

Profession _____

Mother's Title _____ Name _____

Address _____

Daytime No _____ Fax _____ Mobile _____

Evening No _____ Email _____

Profession _____

Name and address of present school (giving dates) _____

_____ Name of Head _____

Please mention here the name(s) of any member(s) of the family attending Rendcomb College, are registered or have any other connection with the school

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

Please give any other information that you consider relevant (e.g. if your child has any learning difficulties) _____

DECLARATION: We request that the above named child is registered as a prospective pupil
(Please sign and return with the registration fee of £35 to the Admissions Registrar)

Father's signature _____ Date: _____

Mother's signature _____ Date: _____