

REGISTRATION FORM

Please complete this form in **BLOCK CAPITALS** and return it to: Mrs Kwiatkowski, The School Office, Birchfield School, Harriotts Hayes Lane, Albrighton, Nr Wolverhampton, WV7 3AF, together with a non-refundable Registration Fee of £100 (Cheques to be made payable to Birchfield School; BACS payment details: Account Name—Birchfield Educational Trust; Sorting Code— 20-97-78; Account Number—00167673)



CHILD DETAILS

PUPIL'S FIRST NAMES PREFERRED NAME

PUPIL'S SURNAME DATE OF BIRTH

(If the child's parents are separated or divorced, which parent/guardian does the child normally live with?)

.....

PARENT/GUARDIAN DETAILS

Mother/1st Guardian

Father/2nd Guardian

FULL NAME & TITLE

FULL NAME & TITLE

.....

ADDRESS

ADDRESS

.....

.....

..... **POST CODE**

..... **POST CODE**

HOME TEL:

HOME TEL:

MOBILE TEL:

MOBILE TEL:

EMAIL

EMAIL

OCCUPATION

OCCUPATION

NAME/AGE/SCHOOL OF SIBLINGS

.....

.....

PRESENT NURSERY/SCHOOL

..... **ADDRESS**

.....

.....

Preferred or Selected Senior School *(if any)*
.....

Does your child have any special educational needs/disabilities/medical problems?
.....
.....
.....

Please provide details of languages spoken at home other than English.
.....
.....
.....

I wish to enter my daughter/son for the Term 20.....

Please indicate if you wish the Bursar to contact you with details of a monthly system for paying the School fees.
Yes/No
Fee notes are sent out by email.
Email address for fee notes

How did you learn about Birchfield School?
.....

Signed: Father **Mother**
Guardian *(if any)* **Date**

PLEASE COMPLETE AND RETURN WITH A SIGNED COPY OF THE TERMS AND CONDITIONS FORM *(attached)*

ADMIN USE ONLY
Acknowledged *Entry Year Group*
Accounts *Entry Date*.....

