



REGISTRATION FORM

(This form can only be accepted if the non-returnable registration fee of £75 payable to Hampton School is attached.)

1 Boy's Details *Please write clearly in capital letters*

Surname

First Names *(Please underline the name generally used)*

Date of Birth

Nationality

Religion

Proposed Entry Date:

Autumn Term 20	Age at entry
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2 Details of Father / Stepfather / Guardian (please delete as appropriate)

Title:	Home telephone:
Full name:	Work telephone:
Address:	Mobile telephone:
	Email:
Postcode:	Occupation:

3 Details of Mother / Stepmother / Guardian (please delete as appropriate)

Title:	Home telephone:
Full name:	Work telephone:
Address: <i>(if different from above)</i>	Mobile telephone:
	Email:
Postcode:	Occupation:

4 Please give the names of any brothers already attending the School or registered for entry, or any other connection with the School.

Brothers already attending the School (with current year):
Brother(s) registered for the School (with anticipated year of entry):
Any other connection with the School:

5 With whom does the boy live?

6 Please say how you first heard of the School. Please tick:

Local Reputation Present School Friends Advertisement Other (Please give details)

Hanworth Road, Hampton, Middlesex TW12 3HD
Tel 020 8979 5526 Fax 020 8783 4035 www.hamptonschool.org.uk

7 Please give details of your son's present school (with dates of attendance)

Name of school:	Address of school:
Dates of attendance:	
Name of Head:	Telephone number of school:

8 Please outline your son's hobbies and interests

9 Please tick the appropriate box to indicate whether your son has, or you have reason to believe he may have, any learning difficulty, disability, medical condition or allergies of which the School should be made aware.

(If you indicate 'YES', the School will request further information on receipt of your son's registration.)

Please tick the appropriate box.

Yes	No
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10 Language spoken at home

Please indicate whether your son has English language support at his present school.

Please tick the appropriate box.

Yes	No
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11 Ethnic Origin (For statistical returns e.g. DCSF, ISC etc.) Please tick.

White: British Irish Other

Black or Black British: African Caribbean Other Black background

Asian or Asian British: Indian Pakistani Bangladeshi Chinese Other Asian background

Mixed: White & Black Caribbean White & Black African White & Asian

 Other Mixed background

Any other Ethnic background : _____ *(please state)*

Notes

Early registration is recommended. Registration does not constitute an offer of a place. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above-named boy be registered as a prospective pupil. A cheque for the non-returnable registration fee of £75 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 Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details. We consent to this for the purposes of assessment for entry and, if a place is later offered, in order to safeguard and promote the welfare of the child. In signing we confirm we have seen the Fees List.

First Signature:

Name in full:

Relationship to the boy:

Date:

Second Signature:

Name in full:

Relationship to the boy:

Date: