

FOR OFFICE USE:

Fee paid	Method	Main List	Reserve List
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REGISTRATION FORM

For babies born on or after 1st September, 2018: please do NOT complete this form; please see the Thomas's website for our new Admissions Policy.

CHILD INFORMATION					
Forename:		Surname:			
Middle name (s):		Date of birth:			
Gender:		Religion:			
Proposed term and year of entry:		Nationality:			
Class of entry:		Languages spoken:			
Home address including postcode:					
Home telephone no:					
At which Thomas's school do you wish to register? Please circle ONE school only		Battersea	Clapham	Fulham	Kensington
PARENT 1					
Title:		Surname:			
Forename:		Relationship to child:			
Occupation:		Nationality:			
Company:		Mobile telephone no:			
Email address:					
Home address (if different from child)					
PARENT 2					
Title:		Surname:			
Forename:		Relationship to child:			
Occupation:		Nationality:			
Company:		Mobile telephone no:			
Email address:					
Home address (if different from child)					

CURRENT SCHOOL OR KINDERGARTEN (if relevant). Please let us know if this changes at any time so our records are accurate.			
Name:		Start date:	
Name of Head teacher:			
Email address:			
Address:			
CHILD'S HEALTH If applicable, please list any allergies, disabilities or diagnosed learning difficulties.			
SIBLINGS Please list if you have any other children who are current or past pupils at Thomas's or who are currently on our Registration lists			
Name:		Date of birth:	
Name:		Date of birth:	
Name:		Date of birth:	
CONNECTIONS Do you have any connection with a Thomas's School? If so please give details below.			
REGISTRATIONS Have you registered your child's name at any other schools and, if so, which?			
HOW DID YOU HEAR ABOUT THOMAS'S? (please tick all that apply)			
Friends	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Website	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Reputation			
Schools' Guide/Agency			
DECLARATION (both parents must sign)			
<ul style="list-style-type: none"> We request that the name of our child listed at the start of this form be registered as a prospective pupil. We have paid the non-refundable registration fee for £100, by enclosing cheque <input type="checkbox"/> or by BACS <input type="checkbox"/> (tick as appropriate) BACS details are: Account Name: Thomas's London Day Schools, Sort Code: 16-00-55, Account No: 10003146, Reference: your <u>child's</u> surname followed by BAT/CLA/FUL/KEN, according to the school to which you are applying. We understand that the 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 that the school (through the Head, as person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. 			
Parent 1 signature:		Parent 2 signature:	
Date:		Date:	

Early registration is recommended. Registrations are subject to availability and the admission requirements of the School at the time when places are offered. Our current terms and conditions can be viewed on the Thomas's website: www.thomas-s.co.uk and a copy will be supplied upon request.