

FOR OFFICE USE:

Fee paid

Main List

Reserve List

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:		Company:			
Mobile telephone no:					
Email address:					
Home address (if different from child)					
PARENT 2					
Title:		Surname:			
Forename:		Relationship to child:			
Occupation:		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.

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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 Please state if you are a past pupil or have relations who are current pupils or members of staff

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REGISTRATIONS Have you registered your child's name at any other schools and, if so, which?

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HOW DID YOU HEAR ABOUT THOMAS'S? (please tick all that apply)

Friends	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Reputation	<input type="checkbox"/>
Website	<input type="checkbox"/>	Internet search	<input type="checkbox"/>	Schools' Guide/Agency	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Other (please state)			

DECLARATION (both parents must sign)

- I request that the name of my child listed at the start of this form be registered as a prospective pupil.
- I have paid the non-refundable registration fee of £100 by BACS payment (Tick box)
BACS details are: Account Name: Thomas's London Day Schools
Sort Code: 16-00-55, Account No: 10003146
Reference: your child's surname followed by BAT/CLA/FUL/KEN, according to the school to which you are applying.
- I 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 my dealings with the School.
- I understand that the school (through the Head, as person responsible) may obtain, process and hold personal information about my child, including sensitive information such as medical details, and I 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.

PLEASE NOTE THAT A PUPIL WILL NOT BE REGISTERED UNTIL PAYMENT HAS BEEN RECEIVED

Parent 1 signature:		Parent 2 signature:	
Date:		Date:	

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.