

REGISTRATION FORM

Please use **BLOCK CAPITALS**

Child's SURNAME:

Child's FORENAME: Date of Birth:

Name of present school (if any):

I wish to register my child for possible admission from September / January / April 20

Please state if Boarding or Day:

Names and Contact Details of both Parents/Guardians - (It is important to keep us informed of any change of address)

Please use **BLOCK CAPITALS**

FATHER : Mr / Other

MOTHER : Mrs / Other

Firstname :

Firstname :

Surname :

Surname :

Home Tel :

Home Tel :

Mobile :

Mobile :

Email :

Email :

Address 1

Address 2 (if differs to Address 1)

.....
.....
.....

.....
.....
.....

Post Code :

Post Code :

Both parents please sign:

.....
Signature

Date:

.....
Signature

Date:

Please tell us about any other siblings who may join Windlesham

Name: Date of Birth: Gender: Year of Entry:

Name: Date of Birth: Gender: Year of Entry:

Registration Process

When completed, this form should be sent to the Admissions Secretary together with a non-refundable Registration Fee of £100. (Cheques should be made payable to The Malden Trust Ltd).