

Eversfield Preparatory School

foundations for the future

Registration Form

Full Name of Pupil _____
(Please underline name normally used)

Date of Birth _____ Is he/she the son/daughter of a former pupil? YES/NO

Proposed date of entry September/January/April Year _____

Present School/Nursery _____

Is he/she already entered for a Senior School? YES/NO

If 'YES' state name of school and date of entry _____

If 'NO' give names of any schools you may be considering _____

Do you intend that he/she should complete the Preparatory School course to 11+ at Eversfield School? YES/NO

Does he/she suffer from any physical disability? _____

Is there any further information which may be useful to the School? (E.g. siblings & their D.O.B.)

Father or person with parental responsibility (full names) _____

Occupation _____

Mother or person with parental responsibility (full names) _____

Occupation _____

Address _____

_____ Post Code _____

Telephones: Home _____ Business _____ Mobile(s) _____

Religion/Denomination _____

We wish to register our son/daughter for entry to Eversfield Preparatory School and enclose the Registration Fee of £50. *(Please make cheques payable to Eversfield Preparatory School Trust Ltd.)*

We understand that in order to guarantee and hold a place, we must agree to enter into a parent/school contract and confirm his/her entry with a deposit of £200. We consent to him/her taking part in all School activities and note the requirement to give a full term's notice in writing before withdrawing our son/daughter from the School, or failing this to pay the fees for the following term. A copy of the Confirmation of Entry Form and current contract is available on request.

Signature of above _____ Date _____

Signature of above _____ Date _____

Headmaster: Mr R A Yates ▪ Chair of Governors: Mr J Whittall

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