



# Hollygirt School



An independent day school for girls aged 3 – 16

## REGISTRATION FORM

1. Surname of your Daughter: .....

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

Date of Birth: ..... Nationality: ..... Religion: .....

2. Proposed Term of Entry:       Autumn    Spring    Summer

Proposed Year of Entry:       2007    2008    2009    2010    2011    Other

3. Father's Title: ..... Full Name: ..... Date of Birth: .....

Address: ..... Occupation: .....

Postcode: ..... Daytime Tel No: .....

Email Address: ..... Evening Tel No: .....

Mobile Tel No: .....

4. Mother's Title: ..... Full Name: ..... Date of Birth: .....

Address: ..... Occupation: .....

Postcode: ..... Daytime Tel No: .....

Email Address: ..... Evening Tel No: .....

Mobile Tel No: .....

5. Please mention the names of any family members attending the School or registered for entry; or any other connection with the School.

.....

.....

Have you registered your daughter's name at any other school/s and if so, which?

.....

.....

6. How did you first hear of the School?

Local Reputation       Present School       Friends

Advertisement       Website       Other *(Please give details below)*

.....

.....

**7. Please give the name and address of your daughter's present school:**

Name of School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Headteacher: \_\_\_\_\_  
Dates: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

**8. Are there any circumstances relating to your daughter of which the School should be aware?**

*Please tick as appropriate.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Dyslexia   | <input type="checkbox"/> Dyspraxia         |
| <input type="checkbox"/> Autism             | <input type="checkbox"/> Asperger's Syndrome                                | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other ( <i>please give further details below</i> ) |  |

\_\_\_\_\_  
\_\_\_\_\_  
*Please continue on additional sheet if required.*

**9. Please outline any of your daughter's artistic, dramatic, musical or sporting skills/experience and their interests or hobbies:**

\_\_\_\_\_  
\_\_\_\_\_

**NOTES**

EARLY REGISTRATION IS RECOMMENDED.

REGISTRATIONS WILL BE CONSIDERED IN THE ORDER THAT THEY ARE RECEIVED.

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 DAUGHTER BE REGISTERED AS A PROSPECTIVE PUPIL.  
A CHEQUE FOR THE NON-RETURNABLE FEE OF £40 IS ENCLOSED (PAYABLE TO HOLLYGIRT SCHOOL).

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 HEADMISTRESS, AS THE PERSON RESPONSIBLE) MAY OBTAIN, PROCESS AND HOLD PERSONAL INFORMATION ABOUT OUR DAUGHTER, 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 OUR DAUGHTER.

**First Signature:** \_\_\_\_\_ **Second Signature:** \_\_\_\_\_

**Name in full:** \_\_\_\_\_ **Name in full:** \_\_\_\_\_

**Relationship to Girl:** \_\_\_\_\_ **Relationship to Girl:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Each person with parental responsibility for the named girl is required to sign this Registration Form.  
Please return this completed form to the Registrar.*