

**BATTLE ABBEY SCHOOL**

**REGISTRATION FORM**

1. **Surname of Child:** \_\_\_\_\_

**First Names:** \_\_\_\_\_

(Please underline the name generally used)

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Gender: \_\_\_\_\_

**Type of Place Required:** (please tick)

Boarding  Weekly Boarding  Day Pupil

Proposed Term and Date of Entry: \_\_\_\_\_ Form/year group \_\_\_\_\_

**Parents' wishes regarding entrance examination:** (please tick)

Battle Abbey School Entrance  Scholarship exam  Common Entrance

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

\_\_\_\_\_

2. **Parents Full Name, Address and Occupation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. **Agent's Name, Address** (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

5. Please say how you first heard of the School. Was it from:

<input type="checkbox"/>	Local Reputation	<input type="checkbox"/>	Present School	<input type="checkbox"/>	Friends
<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Web Site	<input type="checkbox"/>	Other (please give details)

6. Please state the name and address of the child's present school (with dates):

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Name of Head:

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7. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):

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8. Please give an outline of your child's other hobbies or interests (if applicable):

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## NOTES

Early registration is recommended. Registrations will be considered in the order 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 above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50.00 is enclosed. 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 Head, as the 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.

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

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

Relationship to the Child: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

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

**Battle Abbey School is administered by B.A.S. (School) Ltd : a company limited by guarantee**

**Registered in England No: 779605**

**Registered Office: Battle Abbey School High Street Battle East Sussex  
TN33 0AD**

**Registered Charity No: 306998**