



TETTENHALL COLLEGE

Registration Form

STUDENT'S SURNAME _____

STUDENT'S FIRST NAME(S) _____

DATE OF BIRTH _____ GENDER GIRL BOY

PROPOSED DATE OF ENTRY _____

PROPOSED YEAR GROUP OF ENTRY _____

STATUS OF PUPIL (PLEASE TICK)

BOARDER WEEKLY BOARDER DAY PUPIL

NATIONALITY _____ RELIGION _____

NAME AND ADDRESS OF CURRENT SCHOOL _____

_____ POSTCODE _____

FULL NAMES OF PARENTS _____

ADDRESS _____ ADDRESS _____

POSTCODE _____ POSTCODE _____

TELEPHONE (HOME) _____

TELEPHONE (WORK) _____ / _____

TELEPHONE (MOBILE) _____ / _____

EMAIL _____ / _____

OCCUPATION(S) _____ / _____

NAMES AND DATES OF BIRTH OF ANY BROTHERS OR SISTERS _____

Please note that by signing this form you are entering into a legally binding contract to place your child with this school. If you subsequently decide not to send your child to the School there may be fees due from you. There are terms and conditions indicated which you must read carefully before signing this form.

Statement by parents of applicant:

I/We have read the Fees, Charges and Conditions of entry and we agree to abide by them

I/We enclose the Registration Fee of £90 and request that the pupil named above be entered on the list for admission to Tettenhall College.

Signature (1) _____ Date _____

Signature (2) _____ Date _____

Please note that before a pupil can be admitted, this application form must be signed by both parents or persons responsible for payment of fees. When completed, this form should be returned with the Registration Fee to **The Headmaster's Office**.