

HURLINGHAM SCHOOL REGISTRATION FORM

Pupil's Information			
Surname			
Forenames			
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality		Religion	
Ethnicity		If you or your child(ren) have a disability you would like us to be aware of, please describe.	
Proposed term of entry			
Present nursery			

Parents' Information			
Mother's name		Father's name	
Home address		Home address (if different)	
Postcode		Postcode	
Home Tel.		Home Tel	
Work Tel.		Work Tel.	
Mobile		Mobile	
Occupation		Occupation	
Main email address			

Please register younger brothers and sisters if you would like to			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

Father's signature		Date	
Mother's signature		Date	

Please sign form and send, together with a non refundable cheque for £75 per family, made payable to Hurlingham School, to: Admissions Office, Hurlingham School, 122 Putney Bridge Road, London SW15 2NQ

Acceptance of this form does not guarantee your child(ren) will be offered a place, which will be subject to availability, the current entry requirements at the time and the standard terms and conditions of the school.