

PUPILS SCHOOL REGISTRATION FORM 2012



STUDENTS' DETAILS

Student's surname															
Forenames (please underline preferred names)															
Date of Birth						Gender				Nationality					
Email address of student															
Address															
										Postcode					
Daytime telephone										Evening telephone					

PARENT 1/LEGAL GUARDIAN DETAILS (main point of contact)

Surname															
Forenames (please underline preferred names)															
Relationship to child								Occupation							
Email address															
Address															
										Postcode					
Daytime telephone										Evening telephone					

PARENT 2/LEGAL GUARDIAN DETAILS

Surname															
Forenames (please underline preferred names)															
Relationship to child								Occupation							
Email address															
Address															
										Postcode					
Daytime telephone								Evening telephone							

Please confirm whether the student requires sponsorship from the School in order to obtain a visa to study in the UK. YES <input type="checkbox"/> NO <input type="checkbox"/>															
Will you be able to meet the full costs of the fees and expenses? YES <input type="checkbox"/> NO <input type="checkbox"/>															
If no, how do you intend to meet the fees?															
How did you first hear about the school? <input type="checkbox"/> Local Reputation															
<input type="checkbox"/> Present School				<input type="checkbox"/> Friends				<input type="checkbox"/> Advertisement							
<input type="checkbox"/> Website				<input type="checkbox"/> Saturday School				<input type="checkbox"/> Other (give details)							
Where will the student live while they are studying at Arts Ed?															

SCHOOLING

Name and address of current school															
Dates of attendance															
School telephone number								Name of Head							



WHAT DO YOU HOPE TO ACHIEVE BY ATTENDING ARTS EDUCATIONAL SCHOOLS LONDON

MEDICAL CONDITIONS

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child, using the attached Confidential Information Form (if applicable):

I am aware that you will be contacting the Head of my child’s present school for a reference.

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Signature of parent/guardian

/ /

Date

CHECKLIST

Please include the following with your registration form:

- A copy of the student’s latest School Report
- Passport Photo x1
- Registration fee of £75

RETURN TO:

Pupils School Admissions
Rosalie Jones
14 Bath Road
Chiswick
London
W4 1LY

