



# HAMPTON SCHOOL

HMC INDEPENDENT SCHOOL FOR BOYS, FOUNDED IN 1557

## Registration Form

*(This form can only be accepted if the non-returnable registration fee of £125 payable to Hampton School is attached.)*

<b>Your son</b>					
<b>Legal Surname</b>					
<b>Legal Forenames</b>					
<b>Preferred Forename</b>					
<b>Date of birth</b>		<b>Nationality</b>		<b>Religion</b>	
<b>Proposed entry date</b>	Autumn 20.....	<b>Age at entry</b>			
<b>Parents' Details</b>					
<b>FATHER/STEPFATHER/GUARDIAN</b> (please delete as appropriate)				<b>Title</b>	
Full name					
Address  (including postcode)		Telephone  Home Work Mobile			
E-mail address				Occupation	
<b>MOTHER/STEPMOTHER/GUARDIAN</b> (please delete as appropriate)				<b>Title</b>	
Full name					
Address  (including postcode)		Telephone  Home Work Mobile			
E-mail address				Occupation	
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for your son. Their consent to your son attending the School will be required if an offer of a place is made.					
<b>Further Information</b>					
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.					
Does your son require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School. <i>(Please note that the School is not registered with the UK Borders Agency)</i>					
					<b>Yes / No</b>
With whom does your son live?					

Please indicate how you first heard of the School (please tick) ✓				
Local reputation	Present school	Friends	Advertisement	School website
Other (please give details)				
Current school details (with dates of attendance)				
Name and address of current school				
Dates of attendance				
Name of Head				
Please give a brief outline of your son's hobbies and interests				
Learning Support/Medical Needs				
Has your son, or do you believe that your son has, any medical condition, health problem, allergy, learning difficulty, disability, special educational need, behavioural, emotional and/or social difficulty? <i>(If 'YES', please attach details)</i>				<b>Yes / No</b>
Language spoken at home				
Please indicate whether your son has English Language support at his present school. <i>(If 'YES', please attach details)</i>				<b>Yes / No</b>

#### Notes

*Early registration is recommended. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's Terms and Conditions will be supplied on request.*

#### Declaration

*I / We request that our son named above is registered as a prospective pupil. I / We confirm that our son has not been dismissed, nor his removal required, from any school on account of misconduct. I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings. I / We understand that the School may also obtain, process and hold personal information about our son which may include sensitive information such as medical details; 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 son. I / We enclose the non-refundable Registration Fee of £125 together with this completed Registration form duly signed by me / us.*

#### Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full		
Relationship to boy		
Date		