



Halliford School, Shepperton Registration Form

(This form can only be accepted if the non-returnable registration fee of £50 is attached)

Please affix
passport
photograph

1. Prospective Pupil's Details *Please write clearly in capital letters*

Surname

First Names *Please underline the name generally used*

Date of Birth

Nationality

Religion

2. Father's Details

Title: Full Name:

Occupation:

Address:

Postcode:

Home Telephone:

Work Telephone:

Mobile Telephone:

E-mail:

3. Mother's Details

Title: Full Name:

Occupation:

Address: (if different from above)

Postcode:

Home Telephone:

Work Telephone:

Mobile Telephone:

E-mail:

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.

Proposed date of entry _____

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

6. Please state the names and addresses of the present school (with dates)

| |
|---|
| School name: Address: Name of Head: |
|---|

7. Please outline any of your son/daughter’s artistic, dramatic, musical or sporting skills or experience as applicable.

| |
|--|
| |
|--|

8. Please give an outline of your son/daughter’s other hobbies or interests as applicable.

| |
|--|
| |
|--|

9. Please give brief description of any physical disability or learning difficulty.

| |
|--|
| |
|--|

Notes:

Early registration is recommended. Registration does not constitute an offer of a place. 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

I/We request that the name of our above-named boy/girl be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50 is enclosed. I/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.

| | |
|-----------------------------|-----------------------------|
| First signature | Second signature |
| Name in full | Name in full |
| Relationship to Child | Relationship to Child |
| Date | Date |

PLEASE RETURN THIS FORM TO THE REGISTRAR,
HALLIFORD SCHOOL, RUSSELL ROAD, SHEPPERTON, MIDDLESEX TW17 1HX
 Telephone 01932 223593
 Fax 01932 229781
 e-mail registrar@hallifordschool.com
 Registered charity No: 312090