



KNIGHTSBRIDGE
SCHOOL

DETAILS OF CHILD

Surname of your Child:

First Names:

Date of Birth:
(Day/Month/ Year)

Gender:

First Language:

Nationality:

Religion:

Proposed Year of Entry: Autumn:

Form:

(Entry to the Nursery class is restricted to siblings only.)

How did you hear about Knightsbridge School?

Have you registered your child's name at any other school/s? YES/NO. If so, which?

DETAILS OF PARENT(S)

Correspondence Address

Parent 2: Title and Full Name

Parent 2: Title and Full Name

Occupation:

Occupation:

Telephone:

Telephone:

Email:

Email:

Siblings Names and Dates of Birth:

Connections with the School: Please mention here the names of any other family members attending the school or registered for entry, or any other connection with the school.

Current School attended: (Name and Address of present and past schools, with dates)

Other Information: Please answer Yes or No.

Have you visited the school

Has your child been assessed by any outside agency?

Does your child have any medical conditions, learning difficulties or disabilities ?

Do your child require any special facilities to attend an Open or Assessment Day or to sit an entrance examination?

Does your child have an up to date visa for residence in the UK ?

If the answer to any of these questions is yes, please provide details on a separate sheet and you should provide us with copies of any learning support assessments or reports from Educational Psychologists.

Declaration

We request that the name of our above-named child be registered as a prospective pupil. A cheque payable to Knightsbridge School Limited for the non-refundable registration fee of £200.00 is enclosed. Please note that your registration is not complete without payment.

If you would prefer to pay by wire transfer please do contact the school for our bank details and enclose proof of payment.

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. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purpose of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

Parent 1

Parent 2

Signature

Signature

Relationship to Child

Relationship to Child

Date

Date

Bank Details:

HSBC

Sort Code 40-11-60 / Account Number 31143395 IBAN

GB87HBUK40116031143395 / BIC HBUKGB4B

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