



COOPERSALE HALL SCHOOL
Flux's Lane, Epping, Essex, CM16 7PE
Tel: 01992 577133 Fax: 01992 571544

REGISTRATION FORM

Website: www.coopersalehallschool.co.uk

REGISTRATION FORM

E-Mail: info@coopersalehallschool.co.uk

(Please write in block letters)

Surname of Child: Date of Birth: (M/F)

First Name(s): Age at Entrance:

Home Address: Nationality:

..... Ethnic Origin:

Post Code: Is English the 1st Language?:

Home Tel No.: Other Languages Spoken:

Father's Full Name: Daytime Tel No.:

Father's Address: Mobile No.:

Occupation: E-mail Address:

Mother's Full Name: Daytime Tel No.:

Mother's Address: Mobile No.:

(If different from the above)

Occupation: E-mail Address:

If parents are separated, with whom should the school communicate?:

Daytime Tel No.: Is there joint parental responsibility?

Present Playgroup/Nursery/School of child:

Address: Telephone No.:

Are any of your child's brothers, sisters or other relatives current or past pupils at Coopersale Hall School? (Yes/No):

Do you hold any other connection with Coopersale Hall School? (Yes/No):

If 'Yes' to either, please give details:

Please provide us with written details of any medical condition, learning difficulty or disability of your child of which we should be aware (if applicable). The requirement to provide this information shall continue until such time as any offer of a place at the School is accepted by you.

..... (continue overleaf if necessary)

Have you registered your child at any other school? If so, which school?

Term of required entry: (September, January or April) Year:

I/We request that our above-named child be registered as a prospective pupil at Coopersale Hall School and enclose a non-refundable registration fee of £40.

Offers of places are subject to availability and the admissions requirements of the School at the time offers are made.

I/We understand that the 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.

Father's Signature: Mother's Signature:

For office use only: Date Received: Code: Fee Paid: Entry Date: