



SHC REGISTRATION FORM

STUDENT INFORMATION

<i>Child's name</i>
<i>Address</i>
<i>Town/City Postcode</i>
<i>Telephone Landline Mobile</i>
<i>Date of Birth 0/00 /0 Age Gender Male/Female</i>
<i>Name and Address of previous school (if applicable)</i>
<i>Name</i>
<i>Full Address</i>
FAMILY INFORMATION
<i>Father's name</i>
<i>Employed? Yes / No</i>
<i>Employers name</i>
<i>Employers telephone number</i>
<i>Job Title / Position</i>
<i>Mother's name</i>
<i>Employed? Yes / No</i>
<i>Employers name</i>
<i>Employers telephone number</i>
<i>Job Title / Position</i>
<i>Marital Status (delete as applicable) Married Widowed Divorced Single</i>
<i>Religion</i>
<i>Contact Information</i>
<i>Relationship to Child</i>
<i>Alternative Contact Information</i>
<i>Medical Information</i>
<i>Name of GP</i>
<i>Address</i>
<i>Telephone number</i>
<i>Does your child have any medical conditions of which the school</i>

should be aware?

Yes / No

If "Yes", please give details...

Has your child had all the necessary immunisations? Yes / No

SCHOOL INFORMATION

Has your child ever had disciplinary difficulties? Yes / No

If "Yes", please give details...

Has your child ever been suspended? Yes / No

If "Yes", please give details...

How would you describe your child's academic progress to date?

Poor/ Average/ Good /Excellent

If "Poor", please give details...

GENERAL INFORMATION

How did you hear about this school?

Reason for selecting this school?

Please note that an interview with the parents and prospective student(s) will be required before final acceptance.

All fees must be paid ahead of each term.

RETURN FORM TO ldn@sohecares.org.uk

ALL PAYMENTS TO BE MADE TO NATWEST BANK AS DETAILED BELOW

ACCOUNT NAME SO HE CARES

ACCOUNT NO 52834840

SORT CODE 600137

ANY OTHER INFORMATION DETAILED HERE