



REGISTRATION FORM

(To be completed by parent or guardian to register as a prospective pupil at St David's College)

St David's College

— Est. 1965 —

Child's Surname

Child's First Name

Preferred Name

Gender Male Female

Date of Birth/...../.....

First Language Nationality

Religion

Registering for Boarding Day

Proposed Month & Year of Entry

Have you registered your child's name at any other school/s and if so, which?

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FIRST PARENT'S DETAILS

Title Relationship to the Child

First Name Surname

Address

.....

Post Code Occupation

Daytime Telephone Evening Telephone

Mobile Telephone Email Address

SECOND PARENT'S DETAILS

Title Relationship to the Child

First Name Surname

Address

.....

Post Code Occupation

Daytime Telephone Evening Telephone

Mobile Telephone Email Address

Does your child have any siblings currently enrolled at St David's College Yes No

If 'Yes' - Name Year

Are you engaged with an Education Agent or Professional Placement Agency Yes No

If 'Yes' - Name of Agent/Agency

Agent Contact Details Email Phone

How did you first hear about St David's College?

Local reputation Child already enrolled Word of mouth Newspaper or Magazine

Social Media Online search Specialist recommendation

Other (please give details)

Please state the name and address of your child's current school.

Name of School Name of Headteacher.....

Address.....

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)

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Please outline your child's hobbies or interests (if applicable)

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Please provide any details of your child's medical conditions (e.g. allergies), disabilities or learning needs

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FIRST PARENT'S SIGNATURE

Full name..... Relationship to the Child

Signature Date

SECOND PARENT'S SIGNATURE

Full name..... Relationship to the Child

Signature Date