

LORD WANDSWORTH COLLEGE



REGISTRATION FORM

(request for an assessment for a place in Lord Wandsworth College)

Surname of your child:**Forenames:**

(please underline the name generally used)

Gender: Male Female

Date of Birth: Nationality: Religion:

Point of entry: 11+ 13+ 16+ Other Year of entry:

Type of place: Full Boarding Weekly Boarding Flexi Day

Father's Title, Full Name and Address:

Home Tel: E-mail:

Work Tel: Occupation:

Mobile No: Employer:

Mother's Title, Full Name and Address: *(if different from above)*

Home Tel: E-mail:

Work Tel: Occupation:

Mobile No: Employer:

Parents: Married Living together Divorced Separated Other:

Name and address of your child's present school:

Name of Head: E-mail:

Tel No: Fax No:

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

For Office Use Only	
Reg date	
Reg amount	

Please mention here any connection with the College –

Names of any brothers/sisters already attending LWC:

Parent/relation member of the Sternians:

Use of College facilities (eg cricket coaching, holiday courses):

Please outline any of your child's artistic, dramatic, musical or sporting skills, hobbies or interests:

Does your child have any disability or special educational need? Yes No

Does your child receive or have they ever had any learning support /additional classes at their current school? Yes No

Does your child have, or ever have had a diagnostic report or educational care plan from a specialist? Yes No

(if yes to any of these please complete a special requirements form, available on request from the Admissions Office)

Notes

Offers of places are subject to availability and the admissions requirements of the College at the time offers are made. A copy of the current edition to the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. We understand that the standard terms and conditions of the College will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the College.

First Signature:

Second Signature:

Name in full:

Name in full:

Relationship to the Child:

Relationship to the Child:

Date:

Date:

The non-refundable Registration Fee of £100 (£200 for non-EU residents) is payable

Payment can be made by credit/debit card or by cheque made payable to Lord Wandsworth College
Please return The Director of Admissions, LWC, Long Sutton, Hook, Hampshire, RG29 1TB

Lord Wandsworth College Trust. Registered in England No: 1269111
Registered Office: Long Sutton Hook Hants RG29 1TB Registered Charity No: 272050

 Remove after processing **Please charge my: credit card * Please note there is a 2% charge on credit cards debit card**

Card no: **Expiry date:** **Security code:**