

### Section Five: General

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

Please give an outline of your child's other hobbies or interests (if applicable).

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child (if applicable).

Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

If yes please give us names and approximate dates

How did you hear of Leweston?

### Section Six: Declaration and Payment

#### Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's **Terms and Conditions** will be supplied on request.

#### Declaration

I/We request that our child named above is registered as a prospective pupil.

I/We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I/We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

I/We enclose the **non-refundable Registration Fee of £100** together with the completed Registration Form duly signed by me/us.

Signature of **BOTH** Parent(s) or Legal Guardian(s)

Full Name(s):

Date(s) of birth:

Relationship to child:

Date:

Leweston School, Sherborne, Dorset DT9 6EN  
Tel: (UK) 01963 211010 (International) +44 1963 211010  
admissions@leweston.dorset.sch.uk  
[www.leweston.co.uk](http://www.leweston.co.uk)

Leweston School Trust is registered in England at the above address  
as a Company Limited by Guarantee No. 2041443. Registered Charity No. 295175

# 'Registration Form'

*'Tabula ad Nomina ad Scribenda'*

## Registration Form

Information given in this form will be relied on by the School.

You are kindly requested to inform us immediately of any changes.

### Section One: Pupil's Details:

Start Date: \_\_\_\_\_

Entry to which Year Group? \_\_\_\_\_

Application for Pupil to attend as: \_\_\_\_\_

Full Boarder ☐ Weekly Boarder ☐ Day Pupil ☐

Pupil's Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Doctor's Name, Address and Telephone No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of present School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Head's Name: \_\_\_\_\_

Start Date at present School: \_\_\_\_\_

School Telephone: \_\_\_\_\_

School Fax: \_\_\_\_\_

### Section Two: Parents'/Legal Guardians' Details:

FATHER'S SURNAME: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Title eg Mr, Dr: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

MOTHER'S SURNAME: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Title eg Mrs, Ms, Dr: \_\_\_\_\_

Address (if different from Father's): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

If parents are separated, please indicate here: \_\_\_\_\_

With whom the child(ren) live(s): \_\_\_\_\_

To whom invoices should be sent: \_\_\_\_\_

Copies of reports and School letters etc to both parents

(tick as appropriate)

Yes ☐

No ☐

### Section Three: Other People with Parental Responsibility:

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the named child.

Their consent to the child attending the School will be required if an offer of a place is made.

Title eg Mr, Dr: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Section Four: Details of Guardian:

This section should be completed by parents who live or work outside the UK.

It is a school requirement that all overseas pupils have a Guardian living in the UK, who will be responsible for them during school terms and to whom reference can be made when organising travel and exeat, or who will act on your behalf in case of emergency.

Guardian's Full Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Work No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at Leweston School (if applicable).

(tick as appropriate)

Yes ☐

No ☐