

# BUCKINGHAM PREPARATORY SCHOOL



## Registration Form

Please complete in BLOCK CAPITALS and tick boxes as appropriate

Child's Surname \_\_\_\_\_

Child's First Names \_\_\_\_\_

Please underline the name generally used

Boy or Girl \_\_\_\_\_

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

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Ethnicity \_\_\_\_\_

Proposed Date of Entry \_\_\_\_\_

Are you looking for:

- |                                                     |                                    |                                      |                                               |
|-----------------------------------------------------|------------------------------------|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Pre-School                 | <input type="checkbox"/> Term Time | <input type="checkbox"/> 8 am - 5 pm | <input type="checkbox"/> 1 pm - 5 pm          |
| <i>Please tick as applicable:</i>                   | <input type="checkbox"/> Full Time | <input type="checkbox"/> 8 am -1 pm  | <input type="checkbox"/> After School Session |
| <input type="checkbox"/> 4+                         |                                    |                                      | 5 pm - 6 pm                                   |
| <input type="checkbox"/> Other (please state) _____ |                                    |                                      |                                               |

Father's Title \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home telephone number \_\_\_\_\_

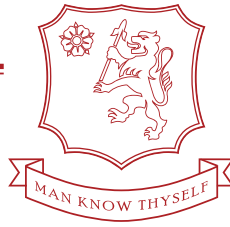
Work telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail Address \_\_\_\_\_

‘Together we nurture, we inspire, we achieve’

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## Mother's Title

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home telephone number \_\_\_\_\_

Work telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Guardian's Title (if applicable)

*Guardian: A person appointed by the court (under Section 5 of the Children Act 1989) or by a parent with parental responsibility or by an existing Guardian*

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home telephone number \_\_\_\_\_

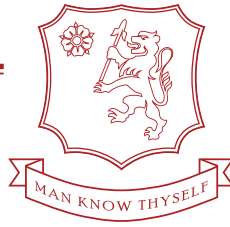
Work telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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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

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How did you first hear of the School:

Local reputation     Present School     Friends     Advertisement     Internet     Other

If Other, please give details \_\_\_\_\_

**Please give the following information regarding present school/nursery:**

School/Nursery name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Name of Head \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

In order for the school to comply with its obligations under the Disability Discrimination Act, please give details of any known physical disability affecting your child. Continue on a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Please provide details of any medical or Special Educational Needs of which Buckingham Preparatory School should be aware. Please include any reports with your application.

\_\_\_\_\_  
\_\_\_\_\_

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**Please note: Early registration is recommended. This registration form does not give rise to a commitment by the School or the parents. The offer of a place is subject to ability and the requirements of the School at the time of offer.**

Before signing, please ensure that you have read and understood the standard terms and conditions.

Please return this form. The registration fee is £50.00 to be paid by bank transfer or cheque (payable to: E. Ivor Hughes Educational Foundation).

Two signatures are required for the registration form unless impractical.

## DECLARATION

I/We request that the above-named child be registered as a prospective pupil.

A non-refundable registration fee of £50.00 has been paid by bank transfer to:  
E. Ivor Hughes Foundation  
Account No: 01917587  
Sort code: 30-98-07

A cheque for £50.00 – payable to E. Ivor Hughes Educational Foundation –  
for the non-refundable registration fee is enclosed.

I/We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all my/our dealings with the School.

*For full Terms and Conditions please see our website: [www.buckprep.org/fees-bursaries/](http://www.buckprep.org/fees-bursaries/)*

First Signature \_\_\_\_\_

Name in full \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Date \_\_\_\_\_

Second Signature \_\_\_\_\_

Name in full \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Date \_\_\_\_\_

**Please return the completed registration form and cheque (if applicable) to:  
Buckingham Preparatory School, 458 Rayners Lane, Pinner, Middlesex, HA5 5DT**

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