



# BUCKINGHAM PREPARATORY SCHOOL

AN INDEPENDENT SCHOOL FOR BOYS

## REGISTRATION FORM

Please complete in BLOCK CAPITALS and tick boxes as appropriate.

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

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

Interested in:  Pre-School  
Please tick as applicable:  Term Time  8 am - 5 pm  1 pm - 5 pm  
 Full Time  8 am - 1 pm  5 pm - 6 pm  
 4+ After School Session  
 Other (please state) \_\_\_\_\_

### Parent/Guardian Information

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

Address \_\_\_\_\_ Postcode \_\_\_\_\_

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

Mobile number \_\_\_\_\_ E-mail Address \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_ Attendance dates: From \_\_\_\_\_ To \_\_\_\_\_

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

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.

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.

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

## 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/)*

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

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

Please return the completed registration form and cheque (if applicable) to:

Buckingham Preparatory School, 458 Rayners Lane, Pinner, Middlesex, HA5 5DT

