

Application for Registration

Please sign and retain this copy. Thank you

Child:

Surname: _____ First Names: _____

(please underline the name by
which he/she is known)

Address: _____ Date of Birth: _____

_____ Nationality: _____

_____ Religion: _____

Post Code: _____

Previous School: _____

Medical Details (if any): _____

Father:

Surname: _____

Initials: _____

Address: _____

Post Code: _____

Occupation: _____

Telephone: _____

Home: _____

Business: _____

Mobile: _____

Mother:

Surname: _____

Initials: _____

Address: _____

Post Code: _____

Occupation: _____

Telephone: _____

Home: _____

Business: _____

Mobile: _____

Conditions of Admission

If a pupil is absent through illness the School must be informed on the first day. No remission can be claimed for absence.

Uniform should comply with the issued list, and be clearly marked with the owner's name.

All fees are payable in advance on the first day of term. Termly or monthly basis by arrangement with the School Bursar. A charge of 4% per month will be made if fees are not paid by the due date. No discounts will be applicable if fees are not paid by the due date.

A full term's written notice is required on the first day of the preceding term before a pupil is removed from the school, or if an optional subject is to be discontinued. In the absence of such notice the full term's fees must be paid.

The Principal reserves the right to admit or refuse any pupil. Admission is conditional upon the acceptance of the terms of admission and compliance with the rules of the School. The Principal has discretion to request a pupil to be withdrawn from the school for any cause, which may be deemed sufficient, without refund of fees.

Registration Fee

A fee of £50 is required with the application form (non-refundable).

I/we hereby apply for admission to Priory School commencing:

TERM: Autumn (September) 20____ Spring (January) 20____ Summer (April) 20____

I/we agree to abide by the conditions of admission a copy of which we have kept for reference.

Signed Father: _____ Signed Mother: _____

Or Legal Guardian: _____ Date: _____

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