



FORM OF APPLICATION FOR THE ADMISSION OF A PUPIL INTO RECEPTION OR YEAR 1

Surname of Boy (Block Capitals):

First Names of Boy (Block Capitals):

Preferred Name (the name your son is known by):

Date of Birth:

I have provided a copy of my son's birth certificate

Nationality of Boy:

Boy's spoken language(s):

Father / Mother

Father / Mother

Name (Block Capitals)

Name (Block Capitals):

Profession:

Profession:

Preferred Tel. no:

Preferred Tel. no:

Preferred E-mail Address:

Preferred E-mail Address:

I wish to register my son/ward for a place at The Hall. I confirm that I have read and agree to the terms of the Admissions Policy set out separately.

Signed: **Father / Mother**

Signed: **Father / Mother**

Date: _____

Date: _____

Postal Address: (please remember to inform the school of any subsequent change of address):

_____ Post Code: _____

Names of any siblings registered or already attending The Hall: _____

If there is any domestic, medical or education information (including in relation to a child's special educational needs) we ought to know, please attach a separate paragraph overleaf. Failure to disclose relevant information could invalidate this application. Thank you.

If you would be interested in receiving newsletters by email updating you on The Hall's news and activities, please tick here You can choose to stop receiving emailed newsletters by contacting admissions@hallschool.co.uk at any time.

A non-returnable Registration Fee of £100.00 is payable when submitting this form. Cheques should be made payable to The Hall School Charitable Trust, please. Alternatively, the School's bank details are available on the website should you prefer to pay by bank transfer.

COMPLETION OF THIS FORM DOES NOT GUARANTEE A PLACE IN THE SCHOOL