



**Waverley School**  
**Waverley Way, Finchampstead, Wokingham, Berkshire RG40 4YD**  
**Tel: 0118 973 1121 Fax: 0118 973 1131**  
**E-mail: [info@waverleyschool.co.uk](mailto:info@waverleyschool.co.uk)**

**REGISTRATION FORM**  
(Request for a Place on the Waiting List)

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1. **Surname of Your Child:**

**First Names:**

(Please underline the name generally used)

Date of Birth:

Nationality:

Religion:

Sex:

**Proposed Entry Date:** Autumn / Spring / Summer Term 20... (please delete)

Have you registered your child's name at any other school/s and if so, which and for when?

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2. **Father's Title, Full Name, Address and Occupation:**

Daytime Telephone:

Evening Telephone:

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3. **Mother's Title, Full Name, Address** (if different from the above) **and Occupation:**

Daytime Telephone:

Evening Telephone:

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4. 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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5. Please say how you first heard of the School. Was it from:

Local Reputation

Website

Advertisement

Waverley parent (Their name.....)  Other (Please give details)

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6. Please state the name and address of the present school (with dates):

Name of Head:

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

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

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### 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 current edition of the standard terms and conditions will be supplied on request.

### DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50-00 is enclosed. 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 our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including 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 promote and safeguard the welfare of the child.

**First Signature:**..... **Second Signature:**.....

Name in full:..... Name in full:.....

Relationship to the Child:..... Relationship to the child.....

Date:..... Date:.....