



St Wystan's School

Independent Preparatory School and Nursery
for Boys and Girls aged 2½ to 11 years

REGISTRATION FORM FOR SCHOOL & NURSERY

Pupil's Surname	
Other Names	
Date of Birth	
Admission Date	
Full name of Father/Guardian	
Address (including post code)	
Father/Guardian occupation	
Daytime Telephone No.	
Home/Mobile No.	
Email address	
Name and address of Father/Guardian's employer	
Name and address of Father/Guardian's bank	
Full name of Mother/Guardian	
Address (including post code)	
Mother/Guardian occupation	
Daytime Telephone No.	
Home/Mobile No.	

Email address	
Name and address of Mother/Guardian's employer	
Name and address of Mother/Guardian's bank	
Present School or Nursery	
Religion	

Are there any family connections with St Wystan's School? _____

How did you hear about St Wystan's School? _____

If recommended by a present parent or member of staff, please give their name.

If your child is entering nursery, do you wish to reserve a place for entry into Kindergarten? _____

Registrations will be considered in the order in which they are received. A copy of the school's Standard Terms and Conditions is available on request.

We request that our child be registered as a prospective pupil. A non-returnable deposit of fifty pounds is enclosed.

We confirm that we will abide by the school's standard Terms and Conditions, as applicable at the date of first registration of our child.

Name in full	Name in full
Relationship to child	Relationship to child
Signed	Signed
Date	Date