



# THE DOWNS MALVERN

## Registration Form

### 1. Surname of your child

First names (please underline the name generally used)

Date of birth

Male  Female

Religion

Nationality

First language

Other languages spoken

Type of place (please tick)  Boarding  Day  Weekly Boarding

Proposed term and year of entry (e.g. Autumn/Spring/Summer 2015/16/17 etc.)

Proposed school year on entry

Nursery  Reception  Year 1  Year 2  Year 3  Year 4  Year 5  Year 6  Year 7  Year 8

Is your child registered at any other school(s) and if so, which?

Do you wish your child to be registered for Malvern College?  Yes  No  Unsure

*By ticking 'Yes' or 'Unsure', a copy of this Form will be sent to the Registry at the College and you will be contacted separately by the team there. This is by no means a commitment to the College - it is simply expressing an interest. By ticking 'No', a copy of this Form will not be sent to the College Registry.*

### 2. Sessions required - applicable to Nursery children only (please tick preferred sessions)

Mornings (8.30 am - 12.00 pm)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
Afternoon (1.30 pm - 5.00 pm)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
Whole day (8.30 am - 5.00 pm)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
Short day (8.30 am - 3.30 pm)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
Lunchtime (12 pm - 1.30 pm)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F

### 3. How did you first hear of our school?

Local reputation  Present school  Friends  Advertisement

Website:

Other:

**4. Father's title:**

Full name

Address

Postcode:

Occupation

Telephone (daytime)

Telephone (evening)

Mobile number

Fax number

Email address

Is this your child's main residence?

 Yes No

Who has legal contact with your child?

 Father Mother Both

Who has parental responsibility?

 Father Mother Both

**5. Mother's title**

Full name

Address

Postcode:

Occupation

Telephone (daytime)

Telephone (evening)

Mobile number

Fax number

Email address

Is this your child's main residence?

 Yes No

Who has legal contact with your child?

 Father Mother Both

Who has parental responsibility?

 Father Mother Both

6. Please mention here the names of any other members of the family attending the School or Malvern College or registered for entry; or any other connection with the School or College.

  
  

7. Please state the name and address of your child's present school (with date of entry) and enclose copies of recent school reports/ assessments:

Name of Head

Name of school

Address

Postcode:

8. Please outline any skills and experience your child has in Art, Drama, Music or Sport and any other hobbies or interests that you consider relevant:

9. Please provide written details of any medical conditions (including allergies), learning difficulty or disability of your child of which we should be made aware (if applicable):

10. UK Emergency Contact/UK Guardian (should you be unavailable/live abroad)

Full name

Address

Postcode:

Telephone numbers

Email address:

Relationship to child:

**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 they are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

Cheques for the Registration fee should be drawn on a British bank and made payable to "The Downs Malvern College Prep" and crossed. Alternatively, you might like to take advantage of the International Banking System which is the most cost-effective method for you to transfer money.

Our Bank is Lloyds TSM, 48 Belle Vue Terrace, Malvern, Worcs., WR14 4QG. BIC: LOYDGB21139  
Account Number: 01748064  
Sort Code 30 95 41  
IBAN No: GB20LOYD30954101748064

**Declaration**

We request that the name of our above-named child be registered as a prospective pupil. A cheque or details of the Bank Transfer for the non-returnable registration fee 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 Headmaster, 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 safeguard and promote 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: