

Registration form



Friends' School
SAFFRON WALDEN

Friends' School, Saffron Walden, Essex CB11 3EB
Email: admissions@friends.org.uk

Applicant's details

Surname First names
Preferred name Date of Birth Boy/Girl
Nationality Religion

Proposed date of admission

Autumn/Spring/Summer term 20 At age into Year Day/Boarder/Weekly

Father or guardian

Surname First name Occupation

Mother or guardian

Surname First name Occupation

Contact details

Address for correspondence. (If not joint address please indicate)
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For pupils whose parents will be resident overseas, the name, address and telephone number of the guardian resident in the UK, is required

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Father

Home phone
Mobile phone
Work phone
E-mail

Mother

Home phone
Mobile phone
Work phone
E-mail

If applicant is currently at school, please state present school and address
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Head teacher Phone

Independent/Maintained?

Offers are dependent upon a satisfactory confidential reference from your child's present school.
Please indicate whether you agree to our contacting the school at this stage. **Yes/No.**

Does your child have any medical requirements or health/food allergies that we should be aware of? **Yes/No.**
If 'yes' please specify.

Please give details of specific educational needs, or any additional learning support?

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Does the family have any connection with the Religious Society of Friends?

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Is any family member an Old Scholar of Friends' School?

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Are there any special circumstances relevant to the applicant, such as a court order, that we should be aware of?
If 'yes' please give details.

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**This registration form does not give rise to a commitment by the School, or by the parents.
The offer of a place is subject to availability and the entry requirements of the School at the time of the offer.**

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Declaration

I request that the name of the above mentioned child be registered as a prospective pupil of Friends' School.

A cheque for the non-returnable registration fee of £50 (Nursery)
 £75 (Junior and Senior) is enclosed
 £150 (Overseas students)

Signature

Name in full (capitals)

Relationship to the child

Date

FOR OFFICE USE ONLY

Registration No.

Registration fee received