

# Registration Form

Sutton Valence School



**Child's name** (in full):

**Known as:**

**Date of Birth:**

**Religion:**

**Nationality:**

**Name of any sibling currently at SVS:**

**Male/Female:**

**Is any member of the family an Old Suttonian?**

(If so please supply details, using a separate sheet if necessary):

**When is admission desired, subject to vacancy?**

Term	Year
September	20...
January	20...
April	20...

**Year Group Required** (Please Tick):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>1st</b> (age 11+) | <input type="checkbox"/> <b>5th</b> (15+)       |
| <input type="checkbox"/> <b>2nd</b> (12+)     | <input type="checkbox"/> <b>Lower 6th</b> (16+) |
| <input type="checkbox"/> <b>3rd</b> (13+)     | <input type="checkbox"/> <b>Upper 6th</b> (17+) |
| <input type="checkbox"/> <b>4th</b> (14+)     |   |

**Please indicate whether a boarding place or a day place is required:**

**Please use this space to indicate if your child has any special needs** (e.g. Dyslexia support)

Failure to disclose relevant information could jeopardise the level of support your child may receive.

(If your child needs support we will require a copy of a recent Special Educational Needs report from an Educational Psychologist).

**Name of Mother:**

**Occupation:**

**Address:**

**Postcode:**

**Tel (Home):**

**Tel (Work):**

**Tel (Mobile):**

**Email:**

**Name of Father:**

**Occupation:**

**Address** (if different):

**Postcode:**

**Tel (Home):**

**Tel (Work):**

**Tel (Mobile):**

**Email:**

Please indicate with an \* which numbers can be used in an emergency.

**With whom does the child live?:**

**To whom should the school account be sent?** (Supply address if necessary):

If more than one address the report and general correspondence will be duplicated unless otherwise instructed.



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