

Registration Form

Prep School



Child's name (in full):

Date of Birth: Male/Female:

Nationality: Religion:

Name(s) of any siblings currently at SVS:

Please supply a copy of your child's current passport with this completed Registration Form.

When is admission desired, subject to vacancy?

Year Group Required (please circle)

September 20..... or other..... 20.....

Reception Year 1 Year 2 Year 3
Year 4 Year 5 Year 6

Please use this space to indicate if your child has any special needs (eg. Dyslexia support):
Failure to disclose relevant information could jeopardise the level of support your child may receive.

Please state any information regarding your child's health (e.g. allergies, asthma, diabetes, or any dietary restrictions):

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

Name of Father:

Occupation:

Address:

Postcode:

Telephone number: Home

Work

Mobile

E-mail

If separated, with whom does the child live?

Name of Mother:

Occupation:

Address: (if different from Father)

Postcode:

Telephone number: Home

Work

Mobile

E-mail

Please could addresses for both parents, where parental responsibility is held, be entered above, even where a parent is not actually caring for the child. This is so reports, general correspondence and relevant information from the School in matters affecting the child can be duplicated, unless otherwise instructed or a court order indicates otherwise.



It is essential that the School holds details of at least two emergency contacts who reside at different addresses.

Please supply details of any other person who has parental responsibility or an additional emergency contact who does not reside at the pupil's home address.

Name:

Occupation:

Address:

Postcode:

Telephone number: Home

Work

Mobile

Email

(please print clearly)

Name:

Occupation:

Address:

Postcode:

Telephone number: Home

Work

Mobile

Email

(please print clearly)

Name and Address of your child's current school:

..... Post code:

Headteacher's name: Telephone number:

Which year group is your child currently in?

Signed..... Print..... Date.....

This form should be sent to the Admissions Office, Sutton Valence Preparatory School, Church Road, Chart Sutton, Maidstone, Kent ME17 3RF together with a **non-refundable registration fee of £50**. Please make payment via the School's website with a debit or credit card. Any change of circumstance or address should be notified to the Admissions Office as soon as possible. Registration Forms are accepted on the understanding that pupils will not be guaranteed a place until they have passed Sutton Valence Preparatory School's entry requirements.

Sutton Valence School reserves the right to request further information about a pupil's immigration status and, where appropriate, to share this information with the UK Visas and Immigration.

How did you hear about us? (If from a publication please name)

