

# Registration Form for Entry to Cheltenham College Junior School

One form should be completed for each pupil and returned to the Registrar with the Registration Fee of £100 per child. Please note that both parents must sign this form.

Pupil's Surname \_\_\_\_\_ Gender \_\_\_\_\_

Pupil's Full Forename(s) (Please underline name normally used) \_\_\_\_\_

Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year of Entry \_\_\_\_\_ Day/Boarding \_\_\_\_\_

Parents' Nationality and First Language \_\_\_\_\_

Parents' Names (please give titles, first name and initials below). If separated, please state here: \_\_\_\_\_

Father's Contact Details

Mother's Contact Details (only include address if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: Day \_\_\_\_\_ Eve \_\_\_\_\_

Tel: Day \_\_\_\_\_ Eve \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Father's Occupation (Please state the nature of your occupation) \_\_\_\_\_

Mother's Occupation (Please state the nature of your occupation) \_\_\_\_\_

Is either parent currently a member of HM Armed Forces?  Yes  No

UK Bank name and address (non UK residents only) \_\_\_\_\_

If an Old Junior, House and dates \_\_\_\_\_

If an Old Cheltonian, House and dates at College \_\_\_\_\_

Please give the names of other members of the family who previously attended or are currently attending or registered for entry at College or the Junior School

Present School \_\_\_\_\_

Head's Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_ School Telephone Number \_\_\_\_\_

Have you registered, or do you intend to register, at any other school?  Yes  No

If yes, please state the name of the school \_\_\_\_\_

## General health

Are there any significant health problems, medical conditions, or allergies of which we should be aware?

Are any treatments required?

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Up-to-date details will be requested by the Cheltenham College Medical Centre shortly before entry.

## Special Educational Needs

Has your child any specific learning difficulties?

Yes

No

Has your child been tested for any specific educational needs?

Yes

No

If yes, when was the test? Please send a copy of any reports and assessments with this form, if applicable.

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## Special circumstances

Please inform us in a covering letter if there is any further information you feel that Cheltenham College Junior School ought to know, including any learning difficulties, special educational or medical needs.

## Helpful information

Please state what first made you consider Cheltenham College Junior School for your son or daughter. (Please tick)

Current parents' recommendation

Present school's recommendation

Old Cheltonian's recommendation

Advertisement. Please state publication \_\_\_\_\_

Other. Please state \_\_\_\_\_

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## Declaration by parents or guardians (Both parents must sign this form)

We accept the terms and conditions for registration and admission, a copy of which is available on request.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Cheque enclosed (please tick)

Please return the completed form to the Registrar, Cheltenham College Junior School, Thirstaine Road, Cheltenham, Gloucestershire, GL53 7AB, together with the registration fee of £100. This fee is non-refundable.