

Registration Form - Waiting List

19 Drax Avenue, Wimbledon, London, SW20 0EG | 020 8946 8220 | office@rowans.org.uk



Please return to: Admissions Registrar, The Rowans School. Please send photocopy of the child's birth certificate and non-refundable registration fee of £150.

Payment via a cheque (to 'The Rowans School') or Bank Transfer to Sort Code: 30-99-09 / Account number: 24198368 / IBAN: GB43 LOYD 3099 0924 1983 68 / BIC: LOYDGB21 I87

Pupil's information (Please complete in BLOCK CAPITALS)

Surname: _____

First names (please underline the preferred name): _____

Date of birth: _____ Gender: _____

Nationality: _____

Has a sibling or other relative attended The Rowans? _____

If so, please give details and dates: _____

Declaration

I enclose:-

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> A completed registration form | <input type="checkbox"/> A photocopy of the pupil's birth certificate | <input type="checkbox"/> A cheque for the £150 non-refundable registration fee | <input type="checkbox"/> Bank transfer in the sum of £150 non-refundable registration fee |
|--|---|--|---|

If the pupil has a medical condition, special educational need or disability of which we should be aware, please provide details, including any supporting medical or psychological reports. Failure to disclose may result in the School not being able to put in place appropriate provision.

Please tick here if you have attached such information.

We understand that the school may also obtain, process and hold personal information about our child which may include sensitive information 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.

Signature: _____ Date: _____

Parents' information (Please complete in BLOCK CAPITALS)

Home address (This should be where your child normally lives): _____

Postcode: _____

Parent 1
Title and surname: _____
First name: _____
Occupation: _____
Address <small>(if different from above):</small> _____
Home Tel: _____
Mobile: _____
E-mail: <small>(PLEASE PRINT CAREFULLY)</small> _____

Parent 2
Title and surname: _____
First name: _____
Occupation: _____
Address <small>(if different from above):</small> _____
Home Tel: _____
Mobile: _____
E-mail: <small>(PLEASE PRINT CAREFULLY)</small> _____

If you change your address, please let the School know, stating the child's name and date of birth.

Source:- How did you hear about The Rowans School? <input type="checkbox"/> Internet search <input type="checkbox"/> Our website <input type="checkbox"/> Advertisement <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Word of mouth

For office use only	
Date Form & Fee Received:	_____