



C o p t h i l l S c h o o l

Registration Form

Family Name:



Cophthill School

Registration Form

Family Surname:

Child 1 - First Name: Child 1 - Middle Names:
(Please underline the name generally used)

Child 1 - Date of Birth: Nationality: Religion:

Child 2 - First Name: Child 2 - Middle Names:
(Please underline the name generally used)

Child 2 - Date of Birth: Nationality: Religion:

Child 3 - First Name: Child 3 - Middle Names:
(Please underline the name generally used)

Child 3 - Date of Birth: Nationality: Religion:

Proposed Term/Date of Entry:

Parent One Details

Title: Forename: Surname:

Address:

..... Postcode:.....

Telephone: Home: Work: Mobile:

Occupation: Date of Birth:

e-mail:

Parent Two Details

Title: Forename: Surname:

Address:

.....

Postcode:

Telephone: Home: Work: Mobile:

Occupation: Date of Birth:

e-mail:

Are either parents old Copthillians? Yes / No If applicable, date when you attended:

If so, maiden name when you attended:

Do both Parents have parental responsibility for the child(ren)? Yes/ No

If 'No', please give details in a covering letter

Please indicate how you first heard of Copthill School:

- Local reputation Advertisement
- Present School
- Friends
- Other *(Please give details)*

Please state name and address of present School/Nursery School (if any):

.....

.....

Name of Head/Principal: Tel No:

NOTES

Early registration is recommended. Registrations will be considered in the order they are received and are subject to availability and the admission requirements of the school at the time when places are offered. A copy of the current edition of the Standard Terms and Conditions will be supplied on request.

DECLARATION

We request that the above-named child(ren) be registered as a prospective pupil(s) at Copthill School. Registration is deemed complete on receipt the registration fee of £85.00 per family. We understand that the Standard Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

First Signature: **Full Name:**

Relationship to the Child(ren):

Date:

Second Signature: **Full Name:**

Relationship to the Child(ren):

Date:

Registration Fee payment: (non-refundable)

- BACS: Barclays 20-81-20 Account Number: 60753203 (*Ref: child's name*)
- Debit/Credit Card (*in person or over the phone*)
- Cash payments are not accepted

COPHILL INDEPENDENT NURSERY & DAY SCHOOL

Barnack Road, Uffington, Stamford, Lincolnshire PE9 3AD. TEL: 01780 757506. [email: mail@copthill.com](mailto:mail@copthill.com) www.copthill.com

PROPRIETOR: COPHILL SCHOOL LTD

PROPRIETORS ADDRESS: Mr J A Teesdale BA(Hons) PGCE, Copthill Holdings Ltd, The Byre, Copthill Farm, Uffington, Stamford, Lincolnshire, PE9 4TD

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