

EATON SQUARE SCHOOL



If you are interested in a place at Eaton Square School for your child, please return the registration form with the £50 registration fee for each child. Please telephone 020 7931 9469 to make an appointment to see the school.

IF YOU HAVE PREVIOUSLY REGISTERED FOR AN EATON SQUARE NURSERY SCHOOL, YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION AS REGISTRATION FOR THE PRE-PREPARATORY AND PREPARATORY SCHOOL IS AUTOMATIC, UNLESS YOU INDICATE OTHERWISE.

Places are offered following registration and assessment.

* Please also complete and return the CHILD ASSESSMENT FORM on the back of this page

REGISTRATION FORM

Child's First Name	_____	Name and Address of G.P.	_____
Child's Surname	_____	_____	_____
Male or Female	_____	_____	_____
Date of Birth: Day	Month	Year	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	_____	Tel No.	_____
Passport Carried	_____	All known Allergies	_____
Father's First Name	_____	_____	_____
Father's Surname	_____	Any Other Relevant Medical Information	_____
Mother's First Name	_____	_____	_____
Mother's Surname	_____	_____	_____
Address	_____	Proposed Date of Admission	_____
_____	_____	I wish my child to go on organised outings	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
Tel No. (home)	_____	<i>Signatures of BOTH PARENTS or Guardians</i>	_____
Fax No. (home or office)	_____	_____	Date _____
Mobile No.	_____	_____	Date _____
Email address	_____	Address if different from above	_____
_____	_____	_____	_____
Parents' Occupation(s)	_____	_____	_____
_____	_____	_____	_____

PLEASE RETURN TO:

The Registrar, EATON SQUARE SCHOOL, 79 Eccleston Square, London SW1V 1PP

THIS FORM MUST BE COMPLETED IN FULL AND THE REGISTRATION FEE OF £50 IS PAYABLE ON ITS RETURN.

I UNDERTAKE TO CONFORM TO ALL RULES AND REGULATIONS IN FORCE FROM TIME TO TIME. I UNDERSTAND I NEED TO GIVE A FULL TERM'S NOTICE IN WRITING IN THE EVENT OF WITHDRAWAL FROM THE SCHOOL OR CANCELLATION OF A CONFIRMED PLACE. ONCE A PLACE HAS BEEN ACCEPTED AND THE DEPOSIT PAID, FAILURE TO TAKE UP THE PLACE WILL INCUR A FULL TERM'S FEE LESS DEPOSIT. IN LIEU OF SUCH WRITTEN NOTICE, A TERM'S FEES WILL BE CHARGED. SUCH WRITTEN NOTICE IS TO BE RECEIVED NO LATER THAN THE FIRST DAY OF THE PRECEDING TERM.

THE SCHOOL RESERVES THE RIGHT TO REQUIRE PARENTS TO WITHDRAW FROM SCHOOL FORTHWITH ANY PUPIL AT THE SOLE DISCRETION OF THE HEADMASTER.



CONFIDENTIAL CHILD ASSESSMENT FORM

FOR CHILDREN ENTERING EATON PRE-PREPARATORY AND PREPARATORY SCHOOL (AGE 4+)

Child's Name: _____ Date of Birth: _____ Sex: M/F

Title: _____ Mother's Name: _____

Title: _____ Father's Name: _____

Address: _____

Postcode: _____

Tel No: _____ Fax No: _____ Email Address: _____

Age on entry to Eaton Square School: _____ Proposed Entry Date to Eaton Square: _____

Present School: _____

Reason for Leaving: _____

(PLEASE ENCLOSE LATEST SCHOOL REPORT)

Future Senior School (on leaving Eaton Square): _____

Language spoken at home: _____

At what age did your child: Walk: _____ Talk: (single words) _____ (sentences) _____

Has your child ever had a hearing test? **YES / NO** *If YES, please give details / results on a separate sheet*

Has your child ever been assessed by a speech and language therapist? **YES / NO** *If YES, please give details and enclose the most recent report.*

Has your child ever been assessed by an Educational Psychologist? **YES / NO** *If YES, please enclose the full report.*

Does your child have any health problems **YES / NO** *If YES, please give details on a separate sheet*

Were there any problems during the pregnancy or birth? **YES / NO** *If YES, please give details on a separate sheet*

Do you have any concerns about your child's learning ability? **YES / NO** *If YES, please give details on a separate sheet*

Has he / she ever received extra support at school or nursery? **YES / NO** *If YES, please give details on a separate sheet*

Does your child suffer from any food allergies? **YES / NO** *If YES, please give details on a separate sheet*

Has your child ever had ear infections i.e. glue ear etc.? **YES / NO** *If YES, please give details on a separate sheet*

Has your child ever had any visual problems? **YES / NO** *If YES, please give details on a separate sheet*

Does he / she wear glasses? **YES / NO**

Parent Signatures: Mother _____ Father _____

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