



Battle Abbey School Registration Form

Battle Abbey School
Battle
East Sussex
TN33 0AD
Tel: 01424 772385
Fax: 01424 773573

Surname of Child: _____ First Names: _____
(Please underline the name generally used)

Date of Birth: _____ Nationality: _____ Gender: _____ Religion: _____

Proposed Year and Term of Entry _____ Form/Year Group _____

Type of Place: Day Pupil: Boarding:

Parents' wishes regarding entrance examination:

Battle Abbey School Entrance: Scholarship Exam:

Child's Current School, Address and Dates of Attendance: _____

Name of Head: _____

Have you registered your child at any other school/s and if so, which?

Are any other members of your family attending Battle Abbey School or registered for entry; or is there any other connection with the school?:

Parents Full Name, Address and Occupation:

Daytime Telephone _____ Evening Telephone _____

Email _____

Please indicate how you first heard of the school: Local Reputation Friends

Present School Advertisement Web Site Other

If you have answered 'Other' please give details _____

Please outline your child's artistic, dramatic, musical or sporting skills or experience (if applicable):

Please outline your child's other hobbies or interests: _____

Agent's Details (for overseas applicants only):

Company Name: _____ Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Notes

Registrations will be considered in the order they are received. Early registration is recommended. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

Declaration

We request that the name of the above child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £75.00 is enclosed. (A registration fee of £150 is payable for applicants from overseas). 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. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, 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.

First Signature: _____ **First Signature:** _____

Name in Full: _____ Name in Full: _____

Relationship to the Child: _____ Relationship to the Child: _____

Date: _____ Date: _____

Office Use Only

Registration Fee:	Amount:	Received by:
iSAMS:	Date:	By:

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Registered Office: Battle Abbey School, High Street, Battle, East Sussex, TN33 0AD
Registered Charity No: 306998