

Tel: 0161-794 1463 Fax: 0161-794 3519 Email: admin@bwslive.co.uk

## **REGISTRATION / AGREEMENT FORM FOR ENTRY**

## WE THE UNDERSIGNED

[\* Delete where appropriate]

*Father / *Guardian: Forename(s)	Surname:
(full names in capitals)	Date of Birth:
*Mother / *Guardian: Forename(s) (full names in capitals)	Surname:

THE PARENTS OR GUARDIANS OF THE CHILD WHOSE DETAILS APPEAR IN SECTION A HEREBY REQUEST THAT \*MY SON / \*DAUGHTER / \*WARD IS CONSIDERED FOR ADMITTANCE TO THE ABOVE SCHOOL ON THE TERMS SET OUT OVERLEAF IN SECTION E WHICH \*WE / \*I HAVE READ AND THAT ADMISSION IS DESIRED FOR:-

Academic Year:.....

Term .....

	Full Name of Child_Surname:		Foren	ame(s)
	Child's Date of Birth:	Age:	Natior	nality:
A	Address:			
SECTION A	Postcode:			
	Schools Previously			From:
	attended with			From:
	dates			From: To:
	Age of Brothers and / or Sisters, if any			

SECTION B	*Father / *Guardian Occupation:	Current Employer:	
	Work address:	Work Telephone No:	
	*Mother / *Guardian Occupation:	Current Employer:	
	Work address:		
	Address of Parent if different to address in Section A: Name:		
1	Address:		
	Postcode:	Mobile:	

0	Parent / Guardian's Religious denomination
ON (	Child's Religious denomination
ECTI	Reason(s) for application for entry
S	

## REGISTRATION / AGREEMENT FORM FOR ENTRY continued ....

	IF FEES ARE TO BE PAID BY A PERSON OR PERSONS OTHER THAN THE NAMED PARENTS / GUARDIANS IN SECTION B, PLEASE GIVE FULL DETAILS:		
	Names(s): Address:		
O NO	Postcode:		
SECTION	Occupation:	Current Employer:	
	Work Address:	Work Telephone No:	
	I THE UNDERSIGNED HEREBY DECLARE THAT I AM RESPONSIBLE AND/OR WILL PROVIDE A FULL IMDEMNITY IN RESPECT OF ALL FEES FALLING DUE AND DECLARE THAT I ACCEPT BRIDGEWATER SCHOOL'S TERMS AS SET OUT IN SECTION E WHICH I HAVE READ:		
	Signed:	Date:	

		୧୧ REGULATIONS କ୍ତ୍ର
	1	Should my child be accepted into the School a non-refundable deposit of two hundred pounds (£200.00) will be required made payable to 'BRIDGEWATER SCHOOL'.
SECTION E	2	The Head reserves the right to require the removal of a pupil if in the opinion of the Head satisfactory standards of work or conduct are not maintained or if in the opinion of the Head the pupil's presence in the School is undesirable.
SE	3	All pupils must conform to the regulations of the School. The Parents / Guardian / person responsible for school fees will in the event of his / her withdrawal under-take to give the Head a term's notice in writing or in default to pay a term's fees.
	4	The signature of Parents or Guardians below constitutes acceptance of the terms and conditions stated.

 WE THE UNDERSIGNED HEREBY DECLARE ON BEHALF OF MY \*SON / \*DAUGHTER / \*WARD THAT

 SHOULD \*HE / \*SHE BE ACCEPTED AT BRIDGEWATER SCHOOL \*HE / \*SHE WILL CONFORM TO THE

 REGULATIONS AND TERMS SET OUT ABOVE WHICH WE HAVE READ

 Signed:
 (\*Father / \*Guardian )

 Date:
 Date:

EMAIL ADDRESSES (optional)
*Father / * Guardian:
*Mother / *Guardian: