



CITY OF LONDON
SCHOOL

Queen Victoria Street London EC4V 3AL
Telephone: 020 7489 0291 Fax: 020 7329 6887
Admissions: 020 7329 5106

(Office Use Only)
Date received:

REGISTRATION FORM

To be returned by 30th November of the year preceding entry (10+ and 11+, and 13+ entry in 2013).

To be returned by 30th November 2012 for 13+ entry in 2015.

Proposed Entry Date: 20__

1. Surname of Your Child:

First Names:

(Please underline the name generally used)

Date of Birth: Place of Birth:

Nationality: Religion:.....

Age on 1st September of year of entry: years months

Home Address:
.....
.....

2. Father's Title, Full Name and Address Occupation:

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Home Telephone: Business Telephone:

Home Fax: Business Fax:

Email: Email:

Mob: Mob:

3. Mother's Title, Full Name and Address (if different from the above) Occupation:

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.....
.....

Home Telephone: Business Telephone:

Home Fax: Business Fax:

Email: Email:

Mob: Mob:

4. Please state the name and address (including postcode) of each school (with dates) attended in the last 3 years, current school first, together with the name of each Headteacher:

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5. Does your son have any known medical conditions, health problems or allergies? Yes No
Please supply details in a confidential letter, to be returned with this form.

6. Does your son have any Specific Learning Difficulties? Yes No

Please attach to this Registration Form copies of assessment reports (medical or psychological), completed within 2 years of the examination date. Without these documents, we cannot process your application.

7. Please state if you have a connection with any of the City of London Schools.

8. Places are awarded on academic merit and potential. Academic Scholarship candidates at 10+, 11+ and 13+ are selected from those who show particular strength in the written papers of the Entrance Examination. There is no need to apply at these ages for a Scholarship as all candidates are considered.

- Please tick this box, if you wish to apply for a means tested 100% Sponsored Award (Bursary at 11+ and 16+ only) and your acceptance of a place is dependent on your son receiving such an award. (See page 3 for further information.)
- Please tick this box, if you wish to apply for a Music Scholarship. (See page 3 for further information.)
- Please tick this box, if you wish to apply for a Sports Scholarship, and fill in a Sports Scholarship Application Form.

The candidate is already a chorister at: The Chapel Royal The Temple

Notes

- Acceptance of this registration does not constitute an offer of a place.
- All dealings between the School and parents are subject to the standard terms and conditions of the School, which are changed from time to time. A copy of the current edition is available on request and will be sent with the Letter of Offer.
- When completed, this form should be sent to the **Admissions Secretary, City of London School, Queen Victoria Street, London EC4V 3AL**, together with the non-refundable Registration Fee of £100. Cheques should be made payable to: **The City of London Corporation (CLS)**.
- Information provided to us on this form will be used to assist in administering entrance procedures and may be used for other School purposes. Any personal data provided on the form will be processed in accordance with the Data Protection Act 1998.

Declaration

We request that the name of our above-named son be registered as a candidate for entry to the School. A cheque for the non-refundable registration fee of £100 is enclosed. 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 certify that our son has not been expelled or removed from any school on account of misconduct. We understand also that the School (through the Headmaster, 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:

Second Signature:

Name in full:
(In capitals please)

Name in full:
(In capitals please)

Relationship to the Child:

Relationship to the Child:

Date:

Date: