



REGISTRATION FORM

DETAILS OF CHILD

Surname of your Child: _____

First Names: _____

Date of Birth: ____/____/____ Girl/Boy (please delete) Nationality: _____

First Language: _____ Religion: _____

Proposed Month/Year and Term of Entry: _____ / 20____ Form _____

Have you registered your child's name at any other school/s? YES/NO. If so, which?

DETAILS OF PARENTS

Father's Title and Full Name: _____

Address: _____

Postcode: _____

Occupation: _____

Home Telephone: _____ Mobile: _____

E-Mail Address: _____

Mother's Title and Full Name: _____

Address (if different from above): _____

Postcode: _____

Occupation: _____

Home Telephone: _____ Mobile: _____

E-Mail Address: _____

Siblings Names and Dates of Birth:

Please say how you first heard of the School: _____

Current School Attended: (Name and Address of present and past schools, with dates)

Other Information

Does your child have any Medical condition: Yes/No Learning Difficulty: Yes/No Disability: Yes/No or require any special facilities to attend an Open or Assessment Day or to sit an entrance examination? Yes/No

If the answer to any of these questions is yes, please provide details on a separate sheet.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. We enclosed the non refundable registration fee of £100.00 (non refundable unless place has been declined by 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, in accordance to the School's Privacy and Data Protection Policies, including sensitive information such as medical details and we consent to this for the purpose 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 _____ Name in Full _____

Relationship to Child _____ Relationship to Child _____

Date _____ Date _____

PLEASE RETURN THIS FORM IN PDF FORMAT with a £100 non refundable registration fee to La Scuola Italiana a Londra

You can either send the form and a cheque payable to "La Scuola Italiana a Londra" to
156 Holland Park Avenue
LONDON
W11 4UH

or send the form by email to admissions@sial.school and make a bank transfer to the following account (please remember to use your child's name as a reference for the bank transfer):

La Scuola Italiana a Londra

HSBC Notting Hill

Sort code: 40-05-08

Account number: 81451154

IBAN: GB48HBUK40050881451154

SWIFT/BIC: HBUKGB4141P

(for international bank transfers please add £6 to cover UK Bank charges)