



SAINT FELIX SCHOOL

SOUTHWOLD

Please attach a
current photograph

Registration Form

Please return to: **The Registrar, Saint Felix School, Southwold, Suffolk, IP18 6BS**
Email: mbridgman@stfelix.co.uk

1. **Pupil Information:** Surname:..... Christian Name:.....
Middle Name(s):..... Preferred Name:..... Gender:.....
Date of Birth:..... Place of Birth:..... First language:.....
Nationality:..... Passport No.(for overseas students):

Religion:..... Proposed Term and Year of Entry:..... Year Group:.....

Type of Place: (please tick) Nursery Boarding Weekly Boarding Day Pupil

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

2. **Parental Information: Father** Surname:.....
First Names:..... Title:..... Date of Birth:

Email:.....

House Name, Number and Street:.....

Village or Area:..... Town or City:.....

County or Region:..... Postcode:..... Country:.....

Daytime Telephone:..... Evening Telephone:.....

Mobile Telephone:..... Occupation or Business:.....

3. **Parental Information: Mother** Surname:.....
First Names:..... Title:..... Date of Birth:

Email:.....

House Name, Number and Street:.....

Village or Area:..... Town or City:.....

County or Region:..... Postcode:..... Country:.....

Daytime Telephone:..... Evening Telephone:.....

Mobile Telephone:..... Occupation or Business:.....

continued over....

4. **Guardian Information: (Please note this is mandatory for families resident overseas)**

Surname:..... First Names:..... Title:.....
House Name, Number and Street:.....
Village or Area:..... Town or City.....
County or Region:..... Postcode:..... Country:.....
Daytime Telephone:..... Evening Telephone:.....
Facsimile:..... Mobile Telephone:.....
Email:.....
Relationship to Pupil:..... Copies of Correspondence or Reports Required?.....

5. **Pupil's Present School:** Name of School:.....
Address:.....
Name of Head:..... Telephone Number:.....

6. Please say how you first heard of the School.

- Local Reputation Present School Friends Advertisement Website
 Open Morning Other (Please give details)
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7. Please provide, on a separate sheet, details of any medical condition (including allergies), disabilities or learning difficulty of your child.

Declaration

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of **£100.00**, as shown on the current Schedule of School Fees, is enclosed. We understand that the 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:	Second Signature:
Name in full:	Name in full:
Relationship to the Child:	Relationship to the Child:
Date:	Date:
Former Saint Felix Pupil?	Former Saint Felix Pupil?

If applicable, please indicate which parent has custody and is responsible for account payment; and if duplicate correspondence is required.

Custody: Account Payment: Duplicate Correspondence?.....

Please give details of any siblings currently in School, any younger siblings for future admission, or any former family members at the School:

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