Connection with school (50 weeks) Full time MALE/FEMALE Term-time Option 2 (40 weeks) St Hilda's Term-time (Please tick) (34 weeks) Diet (Vegetarian etc) NATIONALITY: PLEASE TICK IF MOTHER/FATHER/GUARDIAN IS A MEMBER OF THE BRITISH ARMED FORCES: RELIGION: DATE OF BIRTH Friday **Business Telephone:** FATHER/Guardian **OTHER CHILDREN IN FAMILY** Home Telephone: **PARENTS (or Guardians) SESSIONS REQUESTED** OCCUPATION: GUARDIAN Thursday FULL NAME: POST CODE: ADDRESS: **FORENAMES IN FULL:** Mobile: Email: IF ENGLISH IS NOT THE FAMILY'S FIRST LANGUAGE, PLEASE STATE WHICH LANGUAGE IS SPOKEN AT HOME: Wednesday MALE/FEMALE: Relationship to child (Family friend, Grandparent etc.): EMERGENCY NUMBER (if unable to contact parents): **FATHER** Serious illness/Special Needs etc Tuesday Monday MOTHER Afternoon Session: 13.00 – 18.00 Sessions Requested – Please tick Morning Session: 08.00 - 13.00 TERM AND YEAR OF ENTRY: **PARENTS** School Day: 08.00 - 15.15 Early Club: 07.30 - 08.00 Late Club: 18.00 - 18.30 MOTHER/Guardian Full Day: 07.30 - 18.30 **Business Telephone:** Home Telephone: DATE OF BIRTH: OCCUPATION: LIVES WITH: FULL NAME: POST CODE: **SURNAME:** ADDRESS: Mobile: Email: NAME

PUPIL



REGISTRATION FORM

Please return to: The Registrar **St Hilda's School** High Street, Bushey, Hertfordshire, WD23 3DA

Tel: 020 8950 1751; registrar@sthildasbushey.co.uk

www.sthildasbushey.com

Declaration:

We hereby request registration for our child named overleaf. The non-refundable registration fee of £75 payable to 'The Aldenham Foundation' is enclosed by cheque or sent by direct debit to Sort Code 60 00 08 Account Number 42387612. We do not offer any guarantee of a place at Bluebird Nursery on receipt of the registration fee.

Each to sign and print name:	
Signed:	Father/Guardian(s)/additional person
Name in Print :	Date:
Signed:	Mother/Guardian(s)/additional person
Name in Print :	Date: