

# WEST HOUSE SCHOOL REGISTRATION FORM

Should you wish to apply for a place in West House School, please complete this form and return it to the school. Please include a copy of your child's Birth Certificate and/or Passport, along with a £70 registration fee. Please make cheques payable to West House School.

**Surname of Child** (Block Capitals) \_\_\_\_\_

**First Names** \_\_\_\_\_

(please underline the name by which child is known)

**Date of Birth** \_\_\_\_\_ **Boy/Girl** (delete as appropriate)

**Religion** \_\_\_\_\_ **First Language** \_\_\_\_\_

**Proposed Date of Entry** (September/January/April) \_\_\_\_\_

**Previous School/Nursery** (where applicable) \_\_\_\_\_

**Address of parent or legal guardian to whom all communications should be sent**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Work Tel. Number** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Work Tel. Number** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Details of allergies, health problems, disabilities, learning difficulties and other needs that will help staff care for your child** (please attach relevant documentation).

\_\_\_\_\_  
\_\_\_\_\_

**I wish to apply for admission of my child to West House School/West House Nursery** (delete as appropriate). **I enclose a non-refundable registration fee of £70.** \* (Boys can transfer from Nursery to West House School without a further registration fee)

**Signed** \_\_\_\_\_ **Father/Guardian**

**Signed** \_\_\_\_\_ **Mother/Guardian**

**Date** \_\_\_\_\_

\* please make cheques payable to WEST HOUSE SCHOOL and return this form to:

**Head of Pre-Prep & Early Years, West House School, 23 St James Road, Edgbaston, B15 2NX**

OR

**Headmaster's PA, West House School, 24 St James Road, Edgbaston, B15 2NX** Tel: 0121 440 4097  
or email [secretary@westhouseprep.com](mailto:secretary@westhouseprep.com) as appropriate