

## 9. Please remember to enclose the following for us to keep:

A photocopy of the applicant's full birth certificate (ie one that shows parentage). <input type="checkbox"/>	A photocopy of the passport/visas of applicants who were not born in the UK or EEA (this requirement is in line with United Kingdom Border Agency Regulations). <input type="checkbox"/>
Photocopy of divorce documents, custody orders, and residence orders. <input type="checkbox"/>	The registration fee of £50 (cheques made payable to 'Christ's Hospital'). <input type="checkbox"/>
A photocopy of the applicant's latest school report. We will also be writing to the school to request a Head Teacher's report at a later stage in the application process. <input type="checkbox"/>	

## 10. Declaration

- I/we request that the name of our above-named child be registered as a prospective pupil for a place at Christ's Hospital.
- A cheque payable to 'Christ's Hospital' for the non-returnable registration fee is enclosed.
- The information I / we have given on this form is correct and complete to the best of my/our knowledge and belief.
- I/we understand that I/we may be asked to produce relevant documents to support the information provided in making the application.
- I/we understand that my child's attendance will be subject to the conditions of a contract with the school. A copy of this contract will be made available to me prior to my child's acceptance. This application must be signed by all those who have legal responsibility for the child even if they are living or working abroad.
- I/we understand that Christ's Hospital School will ask for a confidential Head Teacher's report from the applicant's current school.

Signed: *(natural mother)* ..... Signed: *(natural father)* .....

Print Name: ..... Print Name: .....

Date: ..... Date: .....

A large print version of this form is also available. Please call 01403 211293 for details.

On completion, please return this form to:-

### Data Protection

Christ's Hospital Foundation and School holds and processes data in accordance with the Data Protection Act 1998 and uses the information to further the charitable purposes of the Foundation and School. We will not pass your data to third party organisations, except to pursue legitimate interests in respect of a child or where we are required to do so by law. Should your child be offered a place, this information will be retained, otherwise, it will be archived for up to five years before it is destroyed.

The Admissions Office, The Counting House,  
Christ's Hospital, Horsham, West Sussex RH13 0YP

Tel: 01403 211293 Fax: 01403 211580 • Email: adsec@christs-hospital.org.uk

# Registration Form

Using a black pen, please complete every question using CAPITAL LETTERS to assist in your application. The Admissions Office is pleased to help with any aspect of the form and can be contacted on 01403 211293.

DAY PLACE <input type="checkbox"/>	Year group at entry <input type="text"/>	BOARDING <input type="checkbox"/>	Year group at entry <input type="text"/>
	Intended date of entry <input type="text"/>		Intended date of entry <input type="text"/>

## 1. Applicant's details

Surname: *(As appears on birth certificate)* .....

Forename(s): *(As appears on birth certificate)* .....

Please give details of any close family connections with Christ's Hospital: .....

Male  Female

Date of Birth

Sibling at Christ's Hospital  Yes  No

**First Parental Contact**  
With whom the applicant currently resides: *(mother/father/other - please specify)* .....

Name: *(Mr/Ms/Miss/Mrs/Dr/Rev'd - please specify)* .....

Address: .....

County: ..... Postcode: .....

Home Tel: .....

Work Tel: .....

Mobile Tel: .....

Email: .....

Occupation: .....

**Second Parental Contact (if not at same address)**  
*(mother/father/other - please specify)* .....

Name: *(Mr/Ms/Miss/Mrs/Dr/Rev'd - please specify)* .....

Address: .....

County: ..... Postcode: .....

Home Tel: .....

Work Tel: .....

Mobile Tel: .....

Email: .....

Occupation: .....

## 2. Parental Information

(a) Names of parents as given on the applicant's full birth certificate: *A photocopy of the applicant's passport and right to remain in the UK (if applicable) is required.*

Mother: ..... Father: .....

\*Mother's Date of Birth: ..... / ..... / ..... \*Father's Date of Birth: ..... / ..... / .....

*(These dates of birth are required as passwords for discussion of your child's application by telephone).*

