



Tel: 01566 772580

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Fax: 01566 775902

www.stjosephscornwall.co.uk

FORM OF REGISTRATION FOR ADMISSION

Pupil's forename(s): Surname:

Date of Birth Nationality: Religious denomination:

Proposed month and year of entry:

Junior/Senior Department: *(please delete)*

Father's full name: Profession:

Mother's full name: Profession:

Address:

..... Post Code:.....

Tel.No: (Home) Work: Mobile:.....

E-mail Address:

Where did you hear about St Joseph's School? (personal recommendation, newspaper advert, website etc)

.....

Under the terms of the Special Educational Needs & Disabilities Act 2001, we are required to ask you if your son/daughter has any educational, physical or medical disability. Please tick box where applicable. Yes [] No []. If yes, please would you attach all relevant information to this registration form.

Name /address of present school:

..... Tel No:

Name of Head Teacher:

I/We have read the school prospectus. I/We agree to be wholly bound by them and by the school rules as promulgated from time to time by the school Governing Body. This registration form, must be signed by both parents or by the parent taking responsibility for paying fees due to the school.

Father's signature: Date:

Mother's signature: Date:

*This application form should be returned to St Joseph's School, Launceston, Cornwall, PL15 8HN together with the **Registration Fee of £50.00 per family** (made payable to St Joseph's School). This fee is non-returnable and covers initial administration costs.*