



Cameron House School
4 The Vale, London SW3 6AH

Telephone: 020 7352 4040 Fax: 020 7352 2349
E-mail: info@cameronhouseschool.org Website: www.cameronhouseschool.org

Registration Form

Child's Surname: _____

First Names: (Please underline the name generally used): _____

Date of Birth: _____ **Gender:** _____ **Nationality:** _____

Religion: _____ **Proposed Term and Year of Entry:** _____

Child's first language: _____ **Other languages spoken:** _____

Father's Title, Full Names, Address: (including postcode)

_____ Postcode: _____

Occupation: _____ Mobile Phone: _____

Daytime Telephone: _____ Evening Telephone: _____

Email address: _____

Mother's Title, Full Names, Address: (if different from the above)

_____ Postcode: _____

Occupation: _____ Mobile Phone: _____

Daytime Telephone: _____ Evening Telephone: _____

Email address: _____

Have you registered your child at other school/s, if so, which?

Please state name, address, telephone number and email address of your child's present school:

Name of School: _____ Name of Head: _____

Address: _____

_____ Postcode: _____

Telephone: _____ E-mail: _____

Please provide details of any medical condition (including allergies), disabilities or learning difficulty of your child:

Name, address and telephone number of GP (in case of emergency): _____

How did you first hear of Cameron House?

Notes

Early registration is recommended. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the terms and conditions will be supplied on request.

Declaration

I/We request that the name of my/our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £50 is enclosed. I/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 my/our dealings with the School. I/We understand also that the School (through the Headmistress, as the person responsible) may obtain, process and hold personal information about my/our child, including sensitive information such as medical details, and I/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 your child.

First Signature: _____ Second Signature: _____

Name in full: _____ Name in full: _____

Relationship to the Child: _____ Relationship to the Child: _____

Date: _____ Date: _____

For office use only:

Date Received: _____ Registration Fee: _____

Acknowledged: _____

Cameron House School
4 The Vale, Chelsea, London SW3 6AH
Headmistress: Mrs Lucie Moore
Principal: Miss Josie Cameron