



Picasso House Primary School Registration Form

PLEASE COMPLETE IN BLOCK CAPITALS

	MOTHER'S DETAILS	FATHER'S DETAILS	CHILD/CHILDREN'S DETAILS	
Title & First Name			First Name/s & Surname	
Surname			Known As	
Address & Postcode		(if different)	Date of Birth	_____ / _____ / 20__
			Proposed date of entry	Jan 20__ / April 20__ / Sept 20__
Email Address/s			Boy / Girl	
Home Telephone			Languages spoken	
Mobile Telephone			Nationality	
Work Telephone			Name & Address of present nursery/school	
Occupation				
Religious Denomination			Religious Denomination	
Nationality			Does your child have any particular interests or hobbies?	
Please say how you heard about us				

Declaration

We request that our child _____ named above, be registered as a prospective pupil. A cheque for the non-refundable fee of £50, made payable to Paint Pots Montessori Schools Ltd is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purpose of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

PARENT/S SIGNATURE/S	Mother:	Father:
DATE		
Office use only:	<input type="checkbox"/> £50.00 PAID Cheque No: _____ Date: _____	

Please return this form with the current registration fee to:

Paint Pots Montessori Schools Ltd, Unit 1, Old Garden House, The Lanterns, Bridge Lane, London SW11 3AD