

THE URSULINE PREPARATORY SCHOOL ILFORD INDEPENDENT CATHOLIC SCHOOL FOR GIRLS AND BOYS

REGISTRATION FORM

Child's name: Surname First Names: Address: Date of Birth: Sex: Name & address of current school/playgroup: Post code: Borough: Home tel: Name of Mother/Guardian Name of Father/Guardian Please circle one:- Mrs/Ms/Miss/other (please specify) Please circle one:- Mr/other (please specify) Forename: Forename: Surname: Surname: Address (if different from above) Address (if different from above) Daytime telephone number: Daytime telephone number: Mobile telephone number: Mobile telephone number: E'Mail address E'Mail address

Class year required: circle one	Month required:	Year required:
Nurs Rec 1 2 3 4 5 6		
Religion:		

Catholic applicants should complete this:

Date of Baptism:	Church:		Town:		
Parish Name and Address:					
Please state means of introduction to the school:		Reasons for application to a Catholic School:			
Signature:					

This form should be returned to the Admissions Secretary, 2-4 Coventry Road, Ilford, Essex, IG1 4QR You must also enclose a non-returnable registration fee of £100.00, a copy of your child's birth certificate and proof of address ie a utility bill. Please make payment via phone as below OR BACS NatWest, Acct ref 83242848, Sort code 60 50 09 using your child's name as a reference. Telephone: (020) 8518 4050. Bursar: (020) 8554 3931 Fax: (020) 8518 2060 Registered Charity Number: 1130196