

REGISTRATION FOR ENTRY TO THE SENIOR SCHOOL

This must be accompanied by a non-refundable registration fee of £50 made payable to Channing School
 For candidates taking the entrance examination overseas the registration fee is £100

SURNAME		<i>Please attach a passport size photograph</i>
FIRST NAME(S) Please <u>underline</u> name known as		
DATE OF BIRTH		
NATIONALITY		
RELIGIOUS DENOMINATION		
LANGUAGE spoken at home		
PROPOSED DATE OF ENTRY		
PROPOSED YEAR GROUP		
Parent / Guardian	<i>Mother/Guardian</i>	<i>Father/Guardian</i>
TITLE & FORENAME		
SURNAME		
ADDRESS		
Postcode		
TELEPHONE NUMBERS		
Home		
Work		
Mobile		
E-MAIL ADDRESS		
PROFESSION/BUSINESS		
PRESENT SCHOOL <i>with dates of attendance</i>		
HEADTEACHER <i>To whom reference may be made</i>		
POSTAL ADDRESS		
	Postcode:	
	Email address:	
	Tel. No:	Fax No:

CONTINUED OVERLEAF

ADDITIONAL INFORMATION	<p>Does your daughter have any special needs we should take into account for the admissions procedure, or in the future? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered 'Yes' please supply the details in a confidential letter with a professional report (if one is available).</p>
	<p>If your daughter speaks a language at home, other than English, that you would like us to take into consideration please let us know:</p>
HOBBIES AND INTERESTS	
PLEASE LIST FAMILY MEMBERS WHO ARE PRESENT OR FORMER PUPILS OF CHANNING SCHOOL	
BURSARY	<p>Do you wish to apply for a Bursary? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer 'Yes' you will be sent a Bursary Application Form that must be completed and returned as soon as possible.</p>
HOW DID YOU HEAR ABOUT CHANNING SCHOOL?	
ETHNIC ORIGIN OF CANDIDATE This information is requested to ensure that we comply with our Equal opportunities policy and is not part of the admissions procedure. Please tick one of the categories as appropriate.	White <input type="checkbox"/> Black <input type="checkbox"/> Black-African <input type="checkbox"/> Black-Caribbean <input type="checkbox"/> Black-Other <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other (please specify)
Signature of Parent/Guardian:	Date:
For office use only	
Date Application received:	Registration fee £..... paid <input type="checkbox"/>
Bank:	Sort Code:
.....	