

PLEASE WRITE IN BLOCK CAPITALS and return to: The Registrar, St Edward's, Oxford, OX2 7NN

PERSONAL I	DETAILS				
Name:					Please underline the forename commonly used.
Date of birth:		Nationality:			Boy/girl:
Year of entry:			Boarder o	r day pupil:	
Current School:				-	
Name of Head/Pri	ncipal:				
Email address of H	ead/Principal:				
F	ATHER			MOTHER	
Name:					
Address:					
Postcode:					
Tel: (home):					
Tel: (mobile):					
Email:					
Connection (if any) with St Edward's:				
Are there any circun	nstances relating to your child of	which the scho	ol should be	aware? Please:	tick as appropriate:
ADHD A	llergies Asperger's	Syndrome	Autism	D	Dyslexia Dyspraxia
Hearing Impairme		_	_ │ Other		, <u> </u>
(Please enclose ther	nost recent Education Psycholog	ــــ gists' report, if y	⊐ ⁄ou have one)		
Are there any special arrangments that need to be made for your child to sit the entrance examination?					
Is Englishyour chil	d's first language? (If n	ot please state	e his/her firs	tlanguage) [
character. The terms throughout their chi	and conditions contained in the ld's time at the School. A term's shall have the right at any time	Contract shall a notice is require	apply and pa ed to be give	rents or guard n before a pup	ice examination, and that they are of good ians remain liable for the fees and charges il is removed, or a term's fee paid in lieu his opinion, such a course is necessary in the
The registration fee Details are as follows	FEE OF £100.00 MUST ACCOM may be paid by cheque drawn or s: Barclays Bank Plc, Ox ford City 59 Sort Code: 20-65-18 IBAN	n a British bank Office, 54 Cornr	account (pay market Street	, Ox ford OX 1	
Name: please print					Date:
FOR OFFICE	USE				
Registration fee pa	iid:	FAF sent:			FAF recieved: