



# Spratton Hall

## Registration Form

Surname of child.....

First name of child (please underline name used)  
.....

Date of birth .....

Address of where child will reside:  
.....  
.....

Is this their home address? YES/NO  
.....  
.....

Home telephone number .....

Name of mother (including title)  
.....

Mother's mobile number .....

Mother's work number .....

Name of father (including title)  
.....

Father's mobile number .....

Father's work number .....

Name of Guardian/who child will reside with  
.....

Guardian's mobile number .....

Guardian's work number .....

Child's present school or nursery  
.....

Does this child have the right to study  
in the UK? YES/NO

Child's Nationality .....

Does this child require sponsorship  
in the UK? YES/NO

Is this child seeing/has seen any of the following:

Speech Therapist YES/NO

Occupational Therapist YES/NO

Educational Psychologist YES/NO

Does this child have an Education  
Health Care Plan in place (EHCP)? YES/NO

If you have answered 'YES' to any of the above,  
please add further details and forward a copy of  
any reports, if available, to the school

Does this child suffer from any  
form of disability? YES/NO

If yes please provide details

(This question is asked to allow the school to comply with the  
Special Educational Needs and Disability Code of Practice 2014)

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Contact email address .....

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Signed .....

Date .....

Intended term and year of entry to Spratton

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