



REGISTRATION AGREEMENT

Full Name of Child:
Exact Date of Birth:
Name of Father:
Name of Mother:
Address:
email:
Telephone Number: Home Business
Business / Profession of Father:
Business / Profession of Mother:
Name of Guardian (if applicable):
Has the pupil any health problems?:
School or schools (if any) attended during the past two years (with dates)
Term of entry requested:

I / We request that the above named child may be admitted as a pupil in The Richard Pate School, Cheltenham.
I / We understand that the admission of all pupils to the School shall be at the discretion of the Trustees and Head.
Signature of Father
Signature of Mother
Signature of Guardian (if applicable) Date

To be returned to the Head at the School together with the Registration and Assessment Fee of £250.00
£175 of which will be set against the first term's fees with £75 being retained for administration costs.