



Wellington
SCHOOL

Registration Form



Wellington
PREP SCHOOL

Pupil's Surname _____

First name(s) _____

Address _____

Postcode _____

Date of birth _____

Current Year Group _____

Current School _____

Name of Head Teacher _____

Parent 1 title _____

Full name _____

Address (if different from above)

Occupation _____

Daytime telephone _____

Evening telephone _____

Mobile telephone _____

Email address _____

Nationality _____

First language _____

Other languages spoken _____

Gender (please tick) ☐ Male ☐ Female

Entry Details (please tick) ☐ Boarding ☐ Day pupil

Proposed Year of Entry _____

Proposed Entry Year Group _____

School Division ☐ Prep 4-11 ☐ Senior 11-18

Telephone Number _____

Email address _____

Parent 2 title _____

Full name _____

Address (if different from above)

Occupation _____

Daytime telephone _____

Evening telephone _____

Mobile telephone _____

Email address _____

Please outline your child’s hobbies and interests and any achievements

Have you registered your child’s name at any other school(s) and if so, which?

Do you have any links to Wellington School?

Where did you hear about Wellington School?

Has your child ever received learning support or had an assessment for dyslexia, dyspraxia, ADHD or other learning difficulties? If yes, please provide details so we can determine what support (if any) will be required.

☐ Yes

☐ No

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School’s Terms and Conditions will be supplied on request. If you would like further information about how the School processes personal information, please see our privacy notice document which is published on our website.

Declaration

We request that our child named above is registered as a prospective pupil.

We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

We consent to the School contacting us by telephone, email or post.

We enclose the non-refundable Registration Fee of £100 made payable to Wellington School, together with this completed Registration Form.

First Signature _____

Name in Full _____

Relationship to Child _____

Date _____

Second Signature _____

Name in Full _____

Relationship to Child _____

Date _____

Payments can be made via bank transfer.

Please use the pupil’s name as the reference

Lloyds TSB Bank plc 31 Fore St, Taunton,

Somerset TA1 1HN, UK

Sort Code: 30-98-45 **Account Number:** 66197260

IBAN: GB17 LOYD 3098 4566 1972 60

BIC / SWIFT: LOYDGB21113

Please return the completed form to

The Registrar, Wellington School,

Wellington, Somerset TA21 8NT,

admissions@wellington-school.org.uk

For credit card payments, please ring; (+44) 01823 668808