

FORM OF APPLICATION FOR ADMISSION



WARWICK SCHOOL

Details of your son:

Name in full (block letters)

SURNAME

FORENAMES

Date of Birth :

Day Month Year

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Desired Date of Entry :

Day Boy	Full Boarder	Weekly Boarder
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(Delete as appropriate)

Nationality : _____

Present School : _____

School Address : _____

Date of entry to present school : _____ Name of Headteacher : _____

Details of Parents/Guardians

Full names* _____

Address* _____

Telephone Numbers :

Father Home : _____ Business : _____

Mother Home : _____ Business : _____

Occupation : Father : _____ Mother : _____

Family connection with the School (if any) : _____

Date : _____ Signature of Parent/Guardian : _____

N.B. Your son's birth certificate (which will be returned at once) and the registration fee of £50 should accompany this form. If you have specific requests for your son, which require an adjustment in relation to the entrance assessments, open days or entry to the School please contact the Admissions Registrar, Mrs Norton, who will be pleased to assist.

Please return to :

**The Admissions Registrar, Warwick School, Warwick CV34 6PP
 Tel: 01926 776400 Fax: 01926 401259 Email : enquiries@warwickschool.org**

Warwick Independent Schools Foundation, a registered charity, number 1088057.

A company limited by guarantee;
 Registered in England; company number 4252305
 Registered office: 3 Church Street, Warwick, CV34 4AB

*Names of both parents and addresses, if different, are required.

For office use only	FEE	Sc.R.	Stats	Exam	Offer	
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