Registration Form



Details of Pupil Surname (as it appears on birth certificate) Forenames (as they appear on birth certificate) Preferred Name Religious Denomination Date of Birth Nationality* Proposed date of entry Into Year Group Gender Current Year Group *If not a British or EU Citizen please provide a copy of passport & student visa (requirement of UK Visas and Immigration) **Previous Education Current School** Date entered Date leaving Address Postcode Telephone Number Name of Headteacher (who will be asked for a reference) Previous school(s) attended with dates **Details of Parents** (Legal guardians please complete as appropriate) Father Title Title Full Name Full Name Home Address Home Address Town Town County County Postcode Postcode **Email** Email Telephone Numbers Telephone Numbers Home Home Work Work Mobile Mobile Occupation Occupation Are parents jointly responsible for pupil's education? Where parents have different address please indicate where pupil lives Mother □ Father □ Yes □ No □ **Medical Needs Learning Support** Has your son/daughter ever had any kind of Please mention any medical condition that might specialist educational assessment or received affect your son/daughter's life at school Yes □ No □ learning support? Are they entitled to Exam Access Arrangements such as extra time? Yes □ No □ If 'yes' to either of the above please give details:

Is OLA your first choice?	? Yes □	No 🗖	
How did you first hear of	OLA? Circle all that ap	ply:	
Local reputation	Current School	Advertisement	Current/past pupil/parent
Website	Word of Mouth	Church	Other
Connection with school	(if any):		
Details of other children	(Name, date of birth & cu	urrent school):	
Have you visited the sc	chool before? Tick all the	at apply:	
Open Morning 🛚	Parents only tour 🗖	Tour with child $lacktriangle$	
Conditions of Admission			
	Ivance and should be paid will be subject to a surcharg		on the invoice. Any accounts
 Contractual liability ren pays the fees. 	nains with the signatories on t	the original application form,	irrespective of who subsequently
3. Fees are not refundable leave the School.	e in the event of ill health, e	nforced absence, or if any pu	upil is required by the Principal to
		e withdrawal of a pupil or be NOT be given, a full term's f	refore the discontinuation of any
	he right to suspend or requir		ny time if either his/her conduct
	ons of Admissions listed abo		y while on the school premises. r be admitted to the School we
Signed:			
Father/Guardian		Do	ate
Mother/Guardian		Do	ate
Both parents should sig	ın this form and return it	to the Head of Admission	s. The Admission Fee of £100
			Dur Lady's Abingdon Trustees
Ltd). Please use your ch	nild's name as the referer	nce.	
The fee is not required for p	oupils who currently have a s	sibling in the School:	
Bank	HSBC		
Account Name	Our Lady's Abingdon Trustee	es Ltd	
Sort Code	40-08-10		
Account Number	01584863		
	GB73HBUK40081001584863		
IBAN	LIDLIK CD 411 / A		
IBAN BIC	HBUKGB4116A		
	HBUKGB4116A		

Tel: 01235 524658 Fax: 01235 535829 Email: admissions@olab.org.uk Web: www.olab.org.uk Our Lady's Abingdon Trustees Limited is registered in England and Wales as a Charitable company limited by guarantee. Company No 626928. Registered Office as above. Charity Registration No: 1120372.