

## Application for a Place at St Gabriel's REGISTRATION FORM Year of Entry e.g. 2019 Term of Entry e.g. Autumn Year Group e.g. Year 7 Applicant Information Full Name (as on birth certificate) Name Known By (if different) Date of Birth Nationality Religion dd/mm/yyyy Principal Address Postcode Parent Information Father's Full Name Address (if different from pupil's) Home Tel Work Tel Mobile Tel Email Occupation Mother's Full Name Address (if different from pupil's) Home Tel Work Tel Mobile Tel Email Occupation Do both parents have parental responsibility for the applicant? YES NO (If no, please give further details in a covering letter) **Previous Education** Current School Date of Entry Address **Head Teacher** Tel List Previous Schools

61.11							
Skills and I	nterests						
Artistic, musi	cal, dramatic,	sporting skills	s; club members	ships, awards	, grades		
Is English the	first language	? YES / NO	List any other la	anguages spol	ken		
ndividual	Needs						
			appreciate know rt or assessment		YES	NO	
Siblings	,						
Please list sib	lings who migl	nt be intereste	ed in joining St	Gabriel's at a	future date:		
Child 1				Child 2			
Date of Birth				Date of	Birth		
Where did y	ou hear about	t St Gabriel's?	<u> </u>				
Sibling	Old Girl	Current	Local	Advert	School	Internet /	Current School
		Parent	Reputation		Website	Social Media	
isclosure	5						
Registrati Offers of Early regi	places are ma stration is reco	de subject to ommended. R	Registrations are	the entry red	quirements of the	school at the time of	
Parents sh		accompanyin	g standard term		ons before signing		
_	ion is subject or Reception t		rnable registra		) for Year 3 to Ye	ar 13	
					yment can be mad	de by debit card ove	r the telephone
or by bank transfer, using your child's name as your reference.  Account Name: St Gabriel Schools Foundation  Bank Account No: 65326369							
		page of the a	pplicant's passp		atWest, Market Pl pirth certificate m	ace, Newbury ust be attached to t	he completed
registration	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
I / we the n	arents / guaro	dians of		nt Declara		equest that he/she b	ne registered as a
prospective delete as ap	pupil of St Ga propriate). We	briel's. The re understand t	egistration fee l	has been paid d Terms & C	d by bank transfer onditions will und	r/debit card/cheque ergo reasonable cha	enclosed (please
First Signatur					d Signature		
Relationship to Child				Relationship to Child			
 Oate				Date			