



Lancing College

REGISTRATION FORM

Details of Boy/Girl

Surname _____
Forenames _____
Date of Birth _____ Male Female
Nationality _____
Religion _____
Date of proposed entry _____
Day Boarding Yr 9 Yr 10 Yr 12
Address _____

Details of Present School

Name of School _____
Address of School _____

e-mail _____
Name of Head Teacher _____
Is he/she entered for any other school? Yes No
If Yes, which? _____

Details of Parents/Guardians

Surname _____ Title _____
Forenames _____
Profession / occupation _____
Address (if different from above) _____

Telephone _____
Mobile _____
e-mail _____
Any Lancing connections _____

Surname _____ Title _____
Forenames _____
Profession / occupation _____
Address (if different from above) _____

Telephone _____
Mobile _____
e-mail _____
Any Lancing connections _____

I/We request that the name of our above-named child be registered as a prospective pupil. I/We enclose the non-refundable Registration Fee of £100. I/We understand that the terms and conditions of Lancing College will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with Lancing College. I/We understand also that Lancing College (through the Head Master, as the person responsible) may obtain, process and hold personal information about our child, including 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.

Signature _____
Relationship to child _____
Date _____

Signature _____
Relationship to child _____
Date _____

It is most important that the Head Master's Office be informed of any change of address.

For Office Use Only

Date entered on RSA _____ Registration fee received _____