# Stowe School Request for Registration as a Prospective Pupil

You can also register online at www.stowe.co.uk/school/admissions

Your Child				
Surname of your child				
First names (underline preferred name)				
Date of Birth	Propose	ed date of entry		
Nationality	Sex		Religion	
Type of place (please tick)	13+		Sixth Form	
House preference	Choice 1	l	Choice 2	
	Day		Boarding	
Have you registered your child's name at ar	ny other s	chool(s) and if so	, which?	
Is Stowe your first choice of school?	Yes		No	
Mother / Legal Guardian				
Title Surname		First Name(s	s)	
Daytime telephone	Evening	z	Mobile	
Email				
Address (including postcode)				
Occupation	Employ	er's name		
Father / Legal Guardian				
TitleSurname	•••••	First Name(s	)	
Daytime telephone	. Evening	······	Mobile	
Email				
Address (including postcode)				
Occupation	. Employe	er's name		

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All correspondence will be sent to both addresses unless instructed otherwise here:  If applicable or where different addresses are given, please confirm who the child lives with  Title
If applicable or where different addresses are given, please confirm who the child lives with  Title Surname
Title Surname
Title Surname
Title Surname
Connections to the School  Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School:  How did you hear about the School?
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How did you hear about the School?
Please indicate how you first heard about the School:
Local knowledge Present School Friends
Advertisement Website Old Stoic
Stowe Parent Reputation
Other (please give details)
Details of Present School
Name and address of school
School email
Dates of attendance Name of Head
Please give an outline of the key attributes you are looking for in your child's senior school

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### **Notes**

Early registration is recommended. Please note that registration does not guarantee the offer of a place at the School.

A copy of the School's Terms and Conditions will be supplied on request.

### Declaration

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

I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / 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.

I / We enclose the non-refundable Registration Fee of £200.00 together with this completed Registration Form duly signed by me / us.

# Signatures of Parents / Legal Guardians First Parent / Legal Guardian Second Parent / Legal Guardian Signature Full Name Date of Birth Relationship to Child Date

### **Payment Details**

### **Payment by Cheque**

Please make cheques payable to Stowe School Ltd

### **Payment by Direct Bank Transfer**

Barclays Bank, Banbury

Account Name: Stowe School Ltd Sort Code: 20 03 50 Account Number: 90849375

IBAN No: GB97BARC20035090849375

Swift No: BARCGB22

Please quote your child's name as the payment reference

Please complete this form and return along with your payment to: The Admissions Office, Stowe School, Stowe, Buckingham, MK18 5EH

