

I wish to register my child as a candidate
for a place at Eltham College.

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Proposed Year of Entry - September 20__ Entry Year Year 7 Year 9 Lower Sixth *Please tick*

CHILD'S DETAILS (PLEASE PRINT)

Surname _____ Forename(s) _____

Chosen Name _____

Date of Birth Day / Month / Year _____ / _____ / _____ Boy/Girl _____ Nationality _____

Home Address _____

_____ Postcode _____ Telephone _____

PARENTS' / GUARDIAN'S DETAILS (PLEASE PRINT)

Mother's Surname _____ **First Name** _____ **Title** _____

Home Address if different to child _____

_____ Postcode _____ Telephone (Home) _____

Telephone (Work) _____ Mobile _____

Email _____

Profession _____ Job Title _____

Employer's Name _____

Father's Surname _____ **First Name** _____ **Title** _____

Home Address if different to child _____

_____ Postcode _____ Telephone (Home) _____

Telephone (Work) _____ Mobile _____

Email _____

Profession _____ Job Title _____

Employer's Name _____

If separated, parent with whom child lives (tick as appropriate) Mother Father

SCHOLARSHIPS AND BURSARIES (FINANCIAL ASSISTANCE)

If you wish to be considered for a scholarship or bursary please tick the appropriate boxes.

Year 7

- Academic Scholarship
- Music Scholarship
- Sports Scholarship
- Bursary
- Community Bursary
(for people who live within
1 1/2 miles of Eltham College)

Year 9

- Academic Scholarship
- Music Scholarship
- Bursary

Lower Sixth

- Academic Scholarship
- Art Scholarship
- Drama Scholarship
- Music Scholarship
- Sports Scholarship
- Leverhulme Trust Scholarship
(for children of Chemists, Commercial
Travellers or Grocers)
- Bursary

SCHOOL DETAILS (PLEASE PRINT)

Name of Present School _____

Independent/State (delete as appropriate)

Dates attended: From _____ To _____

Name of Head _____ Telephone _____

Address of Present School _____

_____ Postcode _____

Previous Schools Attended (if any) _____

Address(es) _____

Please give details of your child's extra-curricular activities/interests _____

Please give details of any professionally diagnosed special needs _____

(Please enclose a most recent educational psychology report if relevant)

Please give details of GCSE subjects to be taken or grades already achieved (Sixth Form applicants only)

Please give details of any family connection with Eltham College and any religious or other connection relevant to admission

I APPLY FOR ADMISSION OF MY SON/DAUGHTER AND ENCLOSE A REGISTRATION FEE OF £60.00

Signed _____ Date _____

NB Please read the important notes listed below

NOTES

Except for sons of missionaries under the Foundation Scheme, the Registration Fee is £60.00.

The Registration Fee is non-refundable and acceptance of registration does not constitute the offer of a place.

Please notify Eltham College immediately of any change of contact details or withdrawal of a candidate.

Cheques, which must accompany the completed registration form, should be made payable to **Eltham College** and returned to the **Senior School Admissions Secretary** at the address below:

ELTHAM COLLEGE SENIOR SCHOOL, GROVE PARK ROAD, LONDON SE9 4QF. Tel: 020 8857 1455