



Registration Form

Sherborne International

Newell Grange, SHERBORNE
Dorset, DT9 4EZ
UK

Agent (if any)

Student's Family Name (as in passport)

First Names (as in passport)

Boy Girl

Date of Birth

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Nationality Religion First Language

Passport Number Expiry date of passport

Father's Name Mother's Name

Father's Address (for mail)

Zip/Postcode

Mother's Address (for mail)

Zip/Postcode

Where parents have different addresses, please indicate who the student lives with: Mother Father

Is there any information of which you think the School should be aware? (eg family circumstances – parents divorced or separated)

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Are parents jointly responsible for the student's education? (if No, please provide further details) Yes No

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Father's Email Mother's Email

Telephone (home) Fax (home)

Telephone (professional) Fax (professional)

Current School Details.....

Address of School

Language of instruction at present school

Level of English Beginner Elementary Intermediate Advanced

Has your son/daughter been identified as having a specific learning disability (eg dyslexia/dyspraxia) or any medical conditions?

If Yes, please provide further details and enclose relevant reports. Yes No

Intended date of entry: (January/April/September - Year)

Year Group on Entry: Junior Year 9 Year 10 1 Year I/GCSE Pre Sixth Form

