



# Rastrick Independent School

## Application for admission

Please complete in **BLOCK CAPITALS** and return to our headteacher together with the registration fee.

**Proposed date of entrance:**

### Student details

First Name	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>		
Nationality	<input type="text"/>	Postcode	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	<input type="text"/>

### Name and address for both parents/carers

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Place of work <i>(address, telephone)</i>	<input type="text"/>	Place of work <i>(address, telephone)</i>	<input type="text"/>

### Present school

Acceptance is dependent, where appropriate, on a satisfactory report from the child's present school, if any.

Headteacher	<input type="text"/>	Address	<input type="text"/>
School	<input type="text"/>		
Telephone	<input type="text"/>	Postcode	<input type="text"/>

### Acceptance

We request that the above named child be admitted to the school on the terms set out in the Acceptance Agreement. We enclose a remittance of £25, being a non-refundable registration fee. **Both parents must sign.**

Signed (1)	<input type="text"/>
Date	<input type="text"/>
Signed (2)	<input type="text"/>
Date	<input type="text"/>

#### For office use only:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

### Rastrick Independent School

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