

Barrett Hay Saturday School

Co-educational Saturday School

St John's Pre School

Sylvan Road

London SE19 2RX

T:020 3664 8452

Email: education@bhes.co.uk

Web: www.bhes.co.uk

SECONDARY REGISTRATION FORM

1. CHILD		
Full Name:	Gender:	
Date Of Birth:	Age:	School Year:
Child's Current School:		
Local Authority:		
Please State What National Curriculum Level Your Child Is Working At		
Maths- NC Level	English- NC Level	
2. Parent/Guardian		
Full Name:	Title:	
Home Address:		
		Postcode:
Home Tel:	Mobile:	
Email:	Relationship To Child:	
3. Emergency Contact		
Name:	Title:	
Tel:	Relationship To Child:	
4. BACKGROUND INFORMATION		
Does Your Child Have A Special Educational Need?		
If Yes, Please Explain:		
Does Your Child Have Any Medical Conditions?		
If Yes, Please Explain:		
Child's Interest:(if applicable) musical, sporting, other.		
ADMISSIONS POLICY		
Offers of places are subject to the current admissions policy explained in our terms & conditions.		
DECLARATION		
We request that the child named above be registered as a prospective pupil. A cheque for the		
Non-refundable registration fee of £35 is enclosed with the registration form.		
Signature:	Date:	

Please return this form along with a cheque for £35 (payable to BHES) to:
Registrar, Barrett Hay Education Services, 45 Maberley Road, London SE19 2JE.

1. CHILD		
Full Name:	Gender:	
Date Of Birth:	Age:	School Year:
Child's Current School:		
Local Authority:		
Please State What National Curriculum Level Your Child Is Working At		
Maths- NC Level	English- NC Level	
2. Parent/Guardian		
Full Name:	Title:	
Home Address:		
		Postcode:
Home Tel:	Mobile:	
Email:	Relationship To Child:	
3. Emergency Contact		
Name:	Title:	
Tel:	Relationship To Child:	
4. BACKGROUND INFORMATION		
Does Your Child Have A Special Educational Need?		
If Yes, Please Explain:		
Does Your Child Have Any Medical Conditions?		