

# International Registration Form

Meads Eastbourne East Sussex Bn20 7RP  
Tel: +44 (0)1323 733203  
email: info@androvian.co.uk  
www.androvian.co.uk

Please complete this form and return it together with the registration fee of £50 to the above address or via bank draft

| Pupil's Information   |  |
|---|--|
| Family Name _____   | First Name _____                           |
| Male/Female _____   | Day/Boarding _____                         |
| How did you hear about St Andrew's? _____                                     |  |
| Date of birth _____   | Nationality _____                          |
| Religion _____  |  |
| Date of proposed entry _____ in to which year group? (eg Year 4) _____        |  |
| Intended length of stay _____   |  |
| Former schools attended (if applicable) _____                                 |  |
| Future schools for which entered (if known) _____                             |  |
| Entry date _____  |  |
| Any relevant information concerning health (allergies, handicaps, etc.) _____ |  |
| _____   |  |
| Please indicate level of English:   |  |
| Beginner <input type="checkbox"/>   | Advanced Beginner <input type="checkbox"/> |
| Lower Intermediate <input type="checkbox"/>                                   | Intermediate <input type="checkbox"/>      |

| Parents' Information   |  |
|--|--|
| <p style="background-color: #cccccc; margin: 0; padding: 2px;"><b>Father</b></p> <p>Surname (and title) _____</p> <p>Forenames _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Post Code _____</p> <p>Occupation _____</p> <p>Nationality _____</p> <p>Home tel _____ Work _____</p> <p>Fax _____ Mobile _____</p> <p>Email _____</p> | <p style="background-color: #cccccc; margin: 0; padding: 2px;"><b>Mother</b></p> <p>Surname (and title) _____</p> <p>Forenames _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Post Code _____</p> <p>Occupation _____</p> <p>Nationality _____</p> <p>Home tel _____ Work _____</p> <p>Fax _____ Mobile _____</p> <p>Email _____</p> |

| Billing address (if different) |
|--------------------------------|
| _____                          |
| _____                          |
| _____                          |

| Guardian's address (if applicable) |
|------------------------------------|
| _____                              |
| _____                              |
| _____                              |

| Alternative contact in an emergency |
|-------------------------------------|
| _____                               |
| _____                               |
| _____                               |

I undertake to give a term's notice before my child leaves and understand that a term's fees in lieu will otherwise be payable. I understand that the registration fee is non refundable.

Signature (father) \_\_\_\_\_ Signature (mother) \_\_\_\_\_ Date \_\_\_\_\_

|                      |  |                                  |                                |  |
|----------------------|--|----------------------------------|--------------------------------|--|
| For office use only: | Reg fee rec'd <input type="checkbox"/> | Bursary <input type="checkbox"/> | Asyst <input type="checkbox"/> | Deposit rec'd <input type="checkbox"/> |
|----------------------|--|----------------------------------|--------------------------------|--|