

Registration Form

Meads Eastbourne East Sussex BN20 7RP
Tel: +44 (0)1323 733203
email: info@androvian.com
www.androvian.co.uk

Please complete this form and return it together with the registration fee of £65 to the above address.

Pupil's Information	
Surname _____	Forenames _____
Familiar Name _____	Male/Female _____ Day/Boarding/Supersleeper _____
Date of birth _____	Nationality _____ Religion _____
Date of proposed entry _____ in to which year group? (eg Year 4) _____	
Former schools attended (if applicable) _____	
Future schools for which entered (if known) _____ Entry date _____	
Any relevant information concerning health (allergies, handicaps, etc.) _____	
_____ How did you hear about St Andrew's _____	
Brothers/sisters attending or registered for St Andrew's:	
Name _____	Date of birth _____
Name _____	Date of birth _____
Minibus (day children only): will you wish your child to travel on the school minibus if space is available? Yes/No _____	

Parents' Information	
Father	Mother
Surname (and title) _____	Surname (and title) _____
Forenames _____	Forenames _____
Address _____	Address _____
_____	_____
Post Code _____	Post Code _____
Occupation _____	Occupation _____
Nationality _____	Nationality _____
Home tel _____ Work _____	Home tel _____ Work _____
Fax _____ Mobile _____	Fax _____ Mobile _____
Email _____	Email _____
Old Androvian or Aschamian? Yes/No _____	Old Androvian or Aschamian? Yes/No _____

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 Bursary PASS Deposit rec'd