



Knighton House School

Registration Form

International Summer School 2018



To be completed and returned to:

The Admissions Secretary, Knighton House School, Durweston, Blandford Forum, Dorset, DT11 0PY

Child's Details

Surname	Please give name as shown on birth certificate or deed poll.		
Forenames			
Date of birth		Nationality	
Sex		Religion	
Special requirements (e.g. medical issues, disabilities, specific learning difficulties) *NB please see notes on reverse			
Name and address of present school			

Parents' / Legal Guardians' Details

(If parents are living at different addresses please indicate at which address your child usually resides)

	Father/Legal Guardian	Mother/Legal Guardian
Title:		
Full name:		
Address:		
Occupation:		
Home tel:		
Mobile:		
Email :		

UK Emergency Contact / Guardian

Title:		Full name:	
Address:			
Home tel:		Mobile tel:	
Email address:		Relationship to child:	

Course Fees

The cost for the International Summer Course is - £2,400 for 2 weeks.

Deposit

I / we understand a deposit of £250 is required to accompany the registration form. The deposit is not refundable if my/our child does not take up the place on the Course. Payment of the balance of fees must be made at least 30 days before arrival.

Knighton House Bank Details

Lloyds bank, Dorchester
Sort Code - 30-92-69
Account Number - 30564460
IBAN – GB14 LOYD 3092 6930 5644 60
Swift/BIC – LOYDGB21525

EAL (English as an additional Language) lessons

I / we confirm that we would like..... to be included in the EAL lessons.
(Name of daughter/son)

The level of English she/he is studying at school is: High Medium Low (Please circle as appropriate)

Please give details below of the current English language exam he/she is working towards at school:

The persons completing this form must have legal parental responsibility for the nominated child

Father’s signature: _____

Full name in capitals _____

Date: _____

Mother’s signature: _____

Full name in capitals: _____

Date: _____

Guardian in absence of parents (**person with legal parental responsibility** for the child registered on this form)

Legal Guardian’s signature: _____

Full name in capitals: _____

Date: _____

*If your child has any learning disabilities, medical issues or disabilities, please return this form together with the necessary copy of documentation (in English) from his/her school and/or the Medical Specialist in support of this.