



# MARLBOROUGH HOUSE SCHOOL

## PUPIL ENTRY FORM

### 1. YOUR CHILD

Surname: .....

First Names: .....

Name your child is to be known by: .....

**Please note that this is the name we will use for all official school records, including reports.**

Date of Birth: (dd/mm/yy) ...../...../..... Sex: (M/F) .....

Religion: ..... Nationality: .....

Year of Entry: ..... Ethnicity: .....

Year Group: ..... Term: Autumn/Spring/Summer (*please delete*)

**Please attach a copy of your child's Birth Certificate.** Country of Birth:.....

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### 2. PARENTS' DETAILS

Parents' Marital Status: .....

Please state who has legal responsibility for your child: .....

**Father's Full Name & Title:** .....

Address: .....

.....

.....

Home telephone: ..... Mobile telephone: .....

Email: .....

Occupation: .....

Company: ..... Work telephone: .....

**Mother's Full Name & Title:** .....

**Address:** (if different from above) .....

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**Home telephone:** ..... **Mobile telephone:** .....

**Email:** .....

**Occupation:** .....

**Company:** ..... **Work telephone:** .....

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*CONTACT DETAILS - Please note that we issue a list of parents' contact details which is distributed to other parents at the School. Your details will be passed to our parent class reps so that we can arrange to welcome you and your child to the School. You are asked for your consent at the end of this form.*

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**4. EMERGENCY CONTACT PERSON**

If parents cannot be reached, please give details of an alternative contact: .....

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**5. OTHER PEOPLE WHO MAY LOOK AFTER YOUR CHILD**

Please give contact details for any regular carer who looks after your child eg a nanny or Grandparents:

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**6. YOUR FAMILY**

Names and dates of birth of siblings: .....

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## 7. PRESENT SCHOOL/NURSERY

Name and Full Address of present School or Nursery: .....

.....

.....

Please state when he / she began attendance there: .....

Name of Head: .....

Telephone number: ..... Email.....

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## 8. EDUCATION

Please provide information regarding your child's current education. This may include details of any learning difficulties or disabilities and any strength or talent in a particular subject area:

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**Please provide copies of your child's most recent school reports to include SAT's, VR and NVR scores where available and copies of any specialist education reports eg Educational Psychologist assessments.**

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## 9. HEALTH

Please give details of any specific dietary requirements (eg vegetarian): .....

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Please provide brief details of any medical condition (including allergies) or physical impairment:

.....

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**Full details to be given on the Medical Form.**

## 10. FINALLY

Please say how you first heard about Marlborough House School:

Local reputation	<input type="checkbox"/>	Present school	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Friends	<input type="checkbox"/>	School Guide	<input type="checkbox"/>

Did you come to an Open Morning? YES/NO

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## 11. DECLARATION

We request that the named child be registered as a pupil at the School. We understand that the standard Conditions of Admission of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, in order to safeguard and promote the welfare of our child.

- I / We agree to the personal data provided being processed for the legitimate business of Marlborough House School. Yes ☐
- I/we give permission for the School to pass on our contact details to the form Social Reps and other parents at the School for the purposes of making social arrangements. Yes ☐ No ☐

For further details on how your data is used and stored please visit our website [marlboroughhouseschool.co.uk](http://marlboroughhouseschool.co.uk) to see a copy of our Privacy Notice and Admissions Policy or request a copy from the Registrar.

**Signatures:** (\* or legal guardian as appropriate)

Father:\* .....

Date: .....

Mother:\* .....

Date: .....

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## NOTES

If you have any queries, please contact the Registrar, Mrs Emma Houchin on 01580 753555 or by email [registrar@marlboroughhouseschool.co.uk](mailto:registrar@marlboroughhouseschool.co.uk). The completed form should be sent, along with the requested attachments to: **Mrs Emma Houchin, at the address below.**

MARLBOROUGH HOUSE SCHOOL, HIGH STREET, HAWKHURST, KENT TN18 4PY  
Acting Head: Vanessa Coatz BEd (Hons)  
[www.marlboroughhouseschool.co.uk](http://www.marlboroughhouseschool.co.uk) / 01580 753555