



Registration Form (request for a place on the waiting list)

1. Surname of your child: _____

First Names _____
(please underline the name generally used):

Date of Birth: _____

Religion: _____

Address of your child: _____

Proposed Entry to Gateways School in: Class _____ Year _____

2. Father's Title, Full Name and Occupation:

Daytime Telephone: _____

Evening Telephone: _____

Email address: _____

3. Mother's Title, Full Name and Occupation:

Daytime Telephone: _____

Evening Telephone: _____

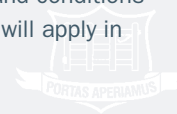
Email address: _____

4. Please state the name and address of the present school/nursery (if applicable):

Date of joining this school/nursery: _____

Name of Head: _____

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £10.00 is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school.



GATEWAYS
SCHOOLS

First Signature: _____

Name in full: _____

Relationship to the child: _____

Date: _____

Second Signature: _____

Name in full: _____

Relationship to the child: _____

Date: _____

For further information please contact The Registrar:

Gateways School,
Harewood, Leeds, LS17 9LE

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