



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

Child's surname _____

Child's first names _____
(please underline the name generally used)

Child's date of birth _____

Child's religion _____

Child's address _____

Proposed entry to Gateways School Class _____ Year _____

Father's title _____

Father's full name _____

Father's occupation _____

Father's daytime telephone _____

Father's evening telephone _____

Father's e-mail _____

Mother's title _____

Mother's full name _____

Mother's occupation _____

Mother's daytime telephone _____

Mother's evening telephone _____

Mother's e-mail _____

Please state the name and address of the present school/nursery (if applicable) _____

Date of joining the current school/nursery _____

Name of Head at current school/nursery _____

We request that our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £25.00 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.

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

Tel: 0113 288 6345

Fax: 0113 288 6148

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