	se mention here		mes of an	ny othe	r mem	bers of	your f	amily att	ending th	e scho	ol or re	gistere	ed for	r entr	y; an	d/or	any (other	
5. > Pleas	se say how you	first hea	rd of the	school.	. Was it	from:-													
F	Present School			F	riends			Adver	tisement			Local	Repu	ıtatio	n _				
	Web search			C	hurch			Other (pl	ease Specify)										
eclaratio	n																		
I/We rec	quest that the na	ame of n	ny/our ab	oove-na	amed o	child be	e regist	tered as a	prospect	ive pu	pil								
I have tr	ansferred the no	on-returi	nable reg	gistratio	n fee c	of £50. (00 to 9	St Joseph	's College	Readi	ng Trus	t usino	g Acc	ount	Num	ıber (0136	6884	
and Sort	t Code 30-91-31																		
OR																			
I have er	nclosed a chequ	ue for the	e non-ret	urnable	e regist	tration f	fee of	£50.00 r	nade pay	able to	St Jose	eph's C	Colleg	ge Re	ading	g Trus	st		
> First	Signature																		
> Nam	ne in full																		
> Relat	tionship to Child	d								>	Date	D	D	М	M	Υ	Υ	Υ	Υ
										_									
> Seco	ond Signature																		
> Nam	ne in full																		
> Relat	tionship to Child	d								>	Date	D	D	M	M	Υ	Υ	Υ	Y

Please return all applications to the College admissions department.



ST. JOSEPH'S COLLEGE READING • BERKSHIRE

REGISTRATION FORM

l. >	Surname of pupil	
>	Legal Forenames	> Date of birth DDMMYYYY
>	Preferred Forename (if different)	> Ethnicity
>	Nationality	> Country of birth
>	Religion	> Home language
>	Pupil's home address	
		> Postcode
2. >	Proposed date of entry	Autumn Spring Summer > Year
>	Proposed Year Group	> Gender Male Female
3. >	Please state the name of	of your child's present school and current Headteacher
		(If you do not wish us to contact your child's present school at this stage, please give your reason on a separate sheet)
>	Dates attended	
l. >	Have you registered yo	ur child's name at any other school/s and, if so, which?

5. > Father's title	> Surname > First name	<i>3.</i> /	1 10
> Address (if different from pupil's)			
, , , , ,			
	> Postcode		
> Occupation			
> Home telephone	> Daytime telephone	10. >	Ple
> Mobile telephone			
> Email address			
6. > Mother's title	> Surname > First name		
> Address (if different from pupil's)			
		11. >	Ple
	> Postcode		
> Occupation			
> Home telephone	> Daytime telephone		
> Mobile telephone			
> Email address		42.	Ha
		12. >	lf y
7. > Address to which corr	espondence should be sent Mother Father Other (please specify)		'')
		13. >	lf y
8. > Who will be responsib	le for the payment of fees?		

9. >	Please outline any of your child's artistic, musical or sporting skills or experience (if applicable)
10. >	Please give an outline of your child's other hobbies or interests (if applicable)
11. >	Please provide us with details of any medical conditions (including allergies), disabilities or learning difficulty of your child
11.	r lease provide us with details of any friedical conditions (including directles), disabilities of learning difficulty of your child
12. >	Has your child ever been assessed by an Educational Psychologist? YES NO
	If yes, please enclose a copy of the lastest Educational Psychologist report
13. >	If your child has any special dietary requirements, please provide details