



The Phoenix School

Cambridge

Registration form

Please complete all sections of this form using BLOCK capitals and return with the £75 registration fee (which is non refundable) payable to **The Phoenix School Cambridge**. Please insert a cross where necessary.

Date of Entry: _____

School Year

at Entry: Nursery Transition Reception Year 1 Year 2
 (3) (3-4) (4-5) (5-6) (6-7)

 Year 3 Year 4 Year 5 Year 6
 (7-8) (8-9) (9-10) (10-11)

Child Details

Surname: _____ Forename(s): _____

Known as: _____

Date of Birth: _____ Gender : Male Female
(DD/MM/YYYY)

Nationality: _____ Child's First Language: _____

Child's Home Address: _____

Present School

School name: _____

School address: _____

Head/Manager: _____

Telephone Number: _____

Email: _____

Please list any other members of the family who attend the school or have any connection with the school: _____

Please provide us with details of any medical condition, learning difficulty, special educational need or disability that your child has of which we should be made aware: _____

Parent or Guardian 1

Title: _____

Forename(s): _____

Surname: _____

Address: _____

Occupation: _____

Telephone (Home): _____

Telephone (Mobile): _____

www.thephoenixschool.co.uk

*The Phoenix School Cambridge is owned by Phoenix Cambridge Foundation, a not for profit company registered in England and Wales No: 7237799 and registered charity No: 1147643
Willow Tree, Twentypence Road, Wilburton, Cambridgeshire, CB6 3PX*

Email address: _____

Parent or Guardian 2

Title: _____

Forename(s): _____

Surname: _____

Address: _____

Occupation: _____

Telephone (Home): _____

Telephone (Mobile): _____

Email address: _____

Declaration: (please delete as appropriate)

I/We wish to register our child as a prospective pupil and would like her/him to attend an assessment. A cheque for the non-refundable registration fee of £75 is enclosed.

I/We understand that the school may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of the assessment and, if a place is later offered, in order to safeguard and promote the welfare of our child.

I/We understand that a confidential reference will be sought from our child's present school unless we notify you in writing that we do not wish such an approach to be made.

Name: _____

Signature: _____

Relationship to child: _____

Date: _____

Once complete please send this form to:-

**Mrs Gill Cooke,
The Phoenix School Cambridge,
Willow Tree,
Twenty Pence Road,
Wilburton,
Cambridgeshire,
CB6 3PX.**

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