



St HELEN'S COLLEGE

Parkway, Hillingdon, Middlesex, UB10 9JX
01895 234371 info@sthelenscollege.com www.sthelenscollege.com

REGISTRATION FORM

Child's Surname:

Forename(s): Date of birth: Sex:

Father's title: Surname:

Forename(s):

Address:

..... Postcode:

Home tel no: Mobile tel no:

Email address: Occupation:

Mother's title: Surname:

Forename(s):

Address:

..... Postcode:

Home tel no: Mobile tel no:

Email address: Occupation:

Name and date of birth of any sibling attending St. Helen's College, or for whom a place has been applied:

.....

We certify that the information given above is correct. We agree to the terms of the prospectus, a copy of which we have received. We apply for the above-named child to be considered for admission to St. Helen's College. We enclose the registration fee of £30.

Signed: Print Name: (Father) Date:

Signed: Print Name: (Mother) Date: