

**GOODRINGTON SCHOOL**

17 Walden Road Emerson Park Hornchurch Essex RM11 2JT  
T: 01708 448349

REGISTRATION FORM

|  |          |
|--|----------|
| Pupil's Surname                                |          |
| Pupil's First Name(s)                          |          |
| Date of Birth                                  |          |
| Sex  |          |
| Address  |          |
| Telephone Numbers                              | Daytime: |
|  | Evening: |
| Emergency Numbers                              |          |
| Christian and Surnames of Parents/Grandparents |          |
| Nationality                                    |          |
| Religion                                       |          |
| Father's Occupation                            |          |
| Mother's Occupation                            |          |
| Term of entry                                  |          |
| Pupil's present school (if any)                |          |
| Health Problems                                |          |

I agree to my child participating in all school activities, unless otherwise agreed in writing by the Headteacher, and will do my best to ensure that my child complies with the school's rules and policies.

I note that term's notice, in writing, is required of the withdrawal of my child from the school, or fees for that period being charged.

Signed ..... Date .....

Registration Fee £25. Please make cheques payable to GOODRINGTON SCHOOL.