

HAWKESDOWN HOUSE SCHOOL

27, Edge Street, Kensington, London, W8 7PN

Telephone: 020-7727 9090, Facsimile: 020-7727 9988, Email: admin@hawkesdown.co.uk

APPLICATION FORM

SURNAME:.....

FORENAMES:.....

DATE OF BIRTH: DAY..... MONTH..... YEAR.....

RELIGIOUS DENOMINATION:

PREVIOUS NURSERY OR SCHOOL ATTENDED, IF APPLICABLE:.....

.....

PARENTS' FULL NAMES:.....

PARENTS' ADDRESS:.....

.....

.....

TELEPHONE NUMBER: Home

Work 1).....

Work 2).....

Other

PROFESSION OR OCCUPATION OF Father:.....

Mother:

NAME AND ADDRESS OF THE PERSON WHO WILL BE RESPONSIBLE FOR PAYMENT

OF FEES, IF NOT PARENTS:

.....

.....

BROTHERS AND SISTERS AND THEIR DATES OF BIRTH:.....

.....

RECOMMENDED TO HAWKESDOWN HOUSE BY:.....

.....

DATE OF ENTRY FOR WHICH YOU ARE APPLYING:.....

PLANS FOR SUBSEQUENT SCHOOL EDUCATION:

A non-returnable fee of £100 is required when an application for a place is registered. Once a place is offered by the School in writing a deposit of £1,000 becomes due. This deposit is only refundable after a boy joins the School and against his last term's fees.

APPLICATION FEE ENCLOSED

DEPOSIT ENCLOSED (only if a place has been offered by the school, in writing)

I AGREE THAT IF I ACCEPT A PLACE AT HAWKESDOWN HOUSE FOR MY CHILD I WILL BE BOUND BY THE SCHOOL'S TERMS AND CONDITIONS AS SET OUT IN THE PROSPECTUS AND THE FEES LEAFLET

SIGNATURE OF FIRST PARENT OR GUARDIAN:.....

SIGNATURE OF SECOND PARENT OR GUARDIAN:.....

DATE:.....