

Papplewick Entrance Form

(PLEASE WRITE CLEARLY IN CAPITAL LETTERS)

Entrance form

Pupil's Details

Surname First Names (indicate preferred name)
Date of Birth Nationality Religion Day Pupil Boarder (please tick)
Passport No and Country of Issue

Proposed Entry Date

Year of Entry Age at Entry Term: Autumn Spring Summer (please tick)

Current School

Name of School Telephone Email address
Address
Postcode Current Year Group Head Teacher

Future Senior Independent School Registration (If applicable)

Name of School House
Name of School House
Name of School House

Father's Details

Full name and title Marital Status
Address Postcode
Occupation Employer
Telephone (home) (business) Mobile
Email (home) Email (business)

Mother's Details

Full name and title Marital Status
Address Postcode
Occupation Employer
Telephone (home) (Business) Mobile
Email (home) Email (business)

Guardian Information (For overseas parents or UK parents living abroad)

Full name and title
Address
Postcode
Telephone (home) (Business) Mobile
Email (home) Email (business)

Connections with Papplewick (If applicable)

Please mention any other members of the family who have attended the school or any other connection

Bank Details(For non UK residents only)

UK Bank name Address
Postcode

PLEASE ENSURE THAT ALL SECTIONS OVERLEAF ARE COMPLETED AND SIGNED BY BOTH PARENTS

Papplewick School, Ascot, Berkshire, SL5 7LH • www.papplewick.org.uk

School Office: +44 1344 621488 • Bursary: +44 1344 636903 • Surgery: 01344 636905

Headmaster: hm@papplewick.org.uk • Bursar: sburrows@papplewick.org.uk

Registrar: registrar@papplewick.org.uk • School Secretary: schoolsec@papplewick.org.uk • Assistant Bursar: colsojan@papplewick.org.uk

