

SAWSTON VILLAGE COLLEGE NEW PUPIL REGISTRATION FORM

Expected date of entry

SURNAME

CHRISTIAN NAME(S)

CHOSEN NAME (if not child's first name)

DATE OF BIRTH

ADDRESS

PRESENT/PREVIOUS SCHOOL

PARENT/GUARDIAN

ADDRESS

TELEPHONE NO

SPECIAL NEEDS

LANGUAGES

COMMENTS:

SCHOOL VISIT YES/NO DATE

SEEN BY (Staff)

REGISTRATION CONFIRMED DATE

e Admissions: www.cambridgeshire.gov.uk/admission (telephone 01223 717772)