



# REGISTRATION FORM

(request for a place on the waiting list)

**Official Use Only**

Date received:

\_\_\_ / \_\_\_ / \_\_\_

Fee received: Y / N

Acknowledgement:

Copy to:

Please complete & return in the envelope provided or send to Mrs. Bethan Charles-Davies,  
Registrar, Llandoverly College, Llandoverly, Carmarthenshire SA20 0EE, UK. Email [admissions@llandoverlycollege.com](mailto:admissions@llandoverlycollege.com)  
Telephone +44 1550 723045. Registrations must be accompanied by a non-refundable £50 fee. 1 form per child, please.

## PARENT OR GUARDIAN DETAILS:

<b>Father / Guardian's Title</b>	<b>First Name</b>	<b>Surname</b>
<b>Contact Tel No: (Day, Eve, Mobile)</b>	<b>Email Address:</b>	<b>Postal Address:</b>
		<b>Postcode:</b>
<b>Occupation:</b>		
<b>Mother / Guardian's Title</b>	<b>First Name</b>	<b>Surname</b>
<b>Contact Tel Nos: (Day, Eve, Mobile)</b>	<b>Email Address:</b>	<b>Postal Address:</b>
		<b>Postcode:</b>
<b>Occupation:</b>		

## PUPIL'S DETAILS:

<b>First Name(s)</b> <i>Please underline the name you by which you wish your child to be addressed</i>	<b>Surname</b> <i>if different from above</i>	<b>Gender</b>	<b>Date of Birth</b>
<b>Religion</b>	<b>Nationality</b>	<b>Dietary Requirements</b> <i>(eg Vegan)</i>	<b>Specific Learning Issues</b> <i>(eg dyslexia, dyspraxia)</i>

**EDUCATION:**

<p><b>Proposed start date</b> (eg. Sep 2009):</p> <p><b>Year group your child will be in:</b></p>	<p><b>Current school</b> <i>please provide name, address and contact details:</i></p> <p>Headteacher:</p> <p>Telephone:</p> <p>Email:</p>	<p><b>Day /</b></p> <p><b>Boarding /</b></p> <p><b>Weekly Boarding</b></p> <p><i>please circle as appropriate</i></p>
<p><b>Which, if any of these scholarships or bursaries do you wish to be considered for?</b></p> <p><i>Please complete and return the relevant scholarship forms with this application</i></p> <p>Academic <input type="checkbox"/></p> <p>Music <input type="checkbox"/></p> <p>Sports <input type="checkbox"/></p> <p>Rugby <input type="checkbox"/> <i>(VIth Form only)</i></p> <p>Drama <input type="checkbox"/> <i>(Year 10 or 12 only)</i></p> <p>Clergy <input type="checkbox"/></p> <p>Forces <input type="checkbox"/></p>	<p><b>Please outline your child's artistic, dramatic, musical and sporting skills, hobbies or interests</b></p> <p><i>please do continue on separate sheets as necessary:</i></p>	

**How did you first hear about Llandovery College?** \_\_\_\_\_

**Is your child registered at any other schools? If so, which?** \_\_\_\_\_

**NOTES:**

Early registration is recommended; applications are considered in the order received. Offers of places are subject to availability and admission requirements. A copy of the current standard terms & conditions is supplied on request.

**DECLARATION:**

We request that our above-named child be registered as a prospective pupil. **A cheque made payable to 'Llandovery College' for the non-returnable registration fee of £50 is enclosed.** We understand that the standard terms & conditions of the School undergo reasonable changes from time to time & will apply in all our dealings with the School. We understand that the School (through the Warden) may obtain, process & hold personal information about our child, including medical details & we consent to this for the purposes of assessment & if a place is later offered in order to safeguard & promote the welfare of the child.

First Signature:

Second Signature:

Name in full:

Name in full:

Relationship to Child:

Relationship to Child:

Date:

Date: