

## **DUDLEY HOUSE SCHOOL**

1 Dudley Road, Grantham, Lincs. NG31 9AA Tel / Fax: 01476 400184

## **Application Form**

Child's full legal name:	
Child's preferred name (if different):	
Date of Birth:	
Parents/Person with le	egal responsibility:
Address:	
	Postcode
Home telephone:	
Mobile/Work telephon	ne:
Name of sibling(s):	
Religion:	Ethnicity:
Previous Schools:	
Date entry required:	
I require a plac	ce for my child at Dudley House School.
For children applying to	•
•	/ part time* nursery place for my child. They will / will not* be continuing chool. (*please delete as appropriate)
	bility for the payment of all fees and other sums payable which may be due s time at Dudley House School.
	the acceptance and retention of our child is on the understanding that he /
I / We undertake that a	II fees payable will be paid on or before the due date.
held as security and w	eposit of £500 before my child starts at Dudley House School which will be returned providing all outstanding invoices are paid and six weeks the has been given. In the absence of this the deposit will be forfeited.
I / We accept that we nor the deposit will be f	nust provide 6 weeks written term time notice of our child leaving the school, orfeited.
I / We certify that the above information is true and correct and I / we have read and accept the terms and conditions as set out on this application form and in the prospectus.	
Signature(s):	(Parent/Guardian)
Name(s) in Block Capitals:	(Parent/Guardian)
Data:	