

**Cambridge International Preparatory School
17 Brookside
Cambridge**

Tel: 01223 305875

REGISTRATION AND ACCEPTANCE OF A PLACE FORM

Name of Child	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Home Telephone Number	<input type="text"/>
Email Address/es	<input type="text"/>
Desired date of entry	<input type="text"/>
Department and class of entry	<input type="text"/>

History of previous education
(Names, addresses and dates of schools attended)

Mother Tongue _____

Other Languages _____

Any health problems _____

Any learning problems _____

Continued Overleaf

I _____ accept a place for my son/daughter at Cambridge International Preparatory School starting _____. I enclose the non-returnable registration fee of £75. I agree to pay all fees monthly or in full in the first week of term. Registering my child commits me to the first term's fees. Once my child is a pupil of the School I agree to give a term's notice of my child leaving or be liable for a term's fees.

Signed _____

Print Name _____

Relationship to child _____

Date _____