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REGISTRATION FORM

Student's Name _____

Student's Surname _____

Date of Birth _____ Nationality _____ Male / Female

Name of School _____ Name of Boarding House _____

Father's name _____ Mother's name _____

Home address _____

Telephone Number (home) _____

Telephone Number (work) _____

Telephone Number (other) _____

Parent's E-mail _____

Student's E-mail _____

Student's Mobile Phone Number _____

Are there any medical conditions or allergies that we should be aware of? Y / N

If yes please give details _____

Please state who is responsible for paying the fees _____

How did you hear about Crown Guardians? _____

Parent's signature _____ Date _____

I/We agree to Crown Guardians (Bath) Ltd. storing this information, and sharing it with those persons who are directly involved with my child/children and need to know this information.

Crown Guardians Bath Ltd
The Limes, Weston Lane,
Bath, BA1 7HZ, UK
Tel +44 (0)1225 423327
mail@crownguardians.co.uk
www.crownguardians.co.uk

Please complete and sign this registration form and return it to us.
On receipt of the completed form we will issue a formal agreement letter and invoice to you. When the initial payment and completed documents are received our agreement can begin. Payment can be made by a cheque or bankers draft payable to Crown Guardians Bath Ltd or by credit transfer to:
Santander Bank (Bath, UK Branch), Account Name: Crown Guardians Bath Ltd,
Account Number: 11102991, Sort Code: 09-01-29