



Milverton House School

Park Street, Attleborough
Nuneaton CV11 4NS
Tel: 02476 641722
Email: reception@milvertonschool.com
Web: www.milvertonschool.com

APPLICATION FORM

Admission start date:

Full Name of Child:

Date of Birth:

Password:

Name of Parent or Guardian responsible for Fees: Mr/Mrs /Ms.....

Address:

..... Post Code:

Home Tele: No: Mobile No.

Emergency Tel: No1..... Contact Name 1.....

Emergency Tel: No2:..... Contact Name 2.....

Family Doctor Name:

Address:

..... Post Code: Tel: No:

Any Allergies or problems of which the School should be aware:

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FEES

School fees are paid termly in advance. All fees must be paid during the first week of term. A full terms notice in writing is required prior to the removal of a child.

DECLARATION TO BE SIGNED BY PARENT OR GUARDIAN

I, the undersigned being the parent/guardian* of

.....(Child's name in full)

hereby acknowledge that I have read and agreed to the terms and conditions attached.

I enclose a registration fee (non-returnable) of £30.00. Plus £200 to secure a place (deductible from the first term's fees).

Signature: Date:

* Please delete whichever does not apply.