

Application Form

Child's Surname			Forenames					
Date of Birth			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Start Yr Grp		
Nationality			First Language					
Admission Date			Entry as	<input type="checkbox"/> Day	<input type="checkbox"/> Boarding	<input type="checkbox"/> Weekly Boarding		
Siblings at LVS			Other siblings applying					
Details of any Learning Difficulty								
Mother			Father					
Address			Address (If different)					
Postcode			Postcode					
Telephone			Telephone					
Mobile			Mobile					
Email			Email					
Fees: Name and address of person responsible								
Telephone			Email					
Guardian: Name & address	(For overseas students only)							
Telephone			Email					
Current School: Name and address								
Telephone			Email					
Agency Name						Do you work in the Licensed Trade ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation & Business Type						HM Forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please tick below</i>	Advert	Banner	Current School	Internet Search	LVS Website	Open Day /Tour	Word of mouth	Other – please specify
How did you first hear about LVS?								
What do you hope to gain from LVS?								
Signature of Parent or Guardian							Date	

Please return this completed form together with a non-returnable £75 registration fee to:

Registrar, LVS Ascot, London Road, Ascot, Berkshire, SL5 8DR Email: registrar@lvs.ascot.sch.uk

LTC Licensed Victuallers' School: 00914215 Sort Code: 30-90-24 SWIFT (BIC) Code: LOYDGB21248 IBAN: GB96 LOYD 3090 2400 9142 15