



Licensed Victuallers' School
APPLICATION FORM

Child's surname: Forenames:

For admission in month: Year: Date of birth: Sex:

Entry as day pupil / weekly boarder / full boarder: Nationality:

Name and address of present school:

..... Email:

Name and address of party responsible for all fees:

.....

.....

Postcode: Telephone:

Name(s) and address(es) of parents:

1. Mother: 2. Father:

.....

.....

Postcode: Postcode:

Telephone: Telephone:

Email: Email:

Licensed Trade Charity membership number and date of joining (if applicable)

If a member of HM Forces Personnel please tick box

In case of parents living overseas, please give details of guardian in UK (if known):

.....

Postcode: Telephone:

Please give names of:

a. Brothers or sisters currently at the school:

b. Brothers or sisters formerly at the school:

c. Brothers or sisters for whom application has been made:

Where did you hear about LVS?

Did you hear about LVS through an agency? Yes No

Signature of parent or guardian:

Occupation: Type of Business:

Company Name: Date:

Please send completed form, together with non-returnable registration fee of £75 to:

The Registrar, Licensed Victuallers' School, London Road, Ascot, Berkshire SL5 8DR.
Cheques to be payable to "Licensed Victuallers' School".