

Application Form – Please submit copy of passport with this 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 or applying to LVS		Other siblings applying						
Will your child require bus transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes what Route?						
Details of any Learning Difficulty								
Mother's Name		Father's Name						
Address		Address (If different)						
Postcode		Postcode						
Telephone		Telephone						
Mobile		Mobile						
Email		Email						
Current School:		Address of School						
Telephone		Email						
Do we have your permission to contact school for a report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name						
Agent/Relocator Name (If applicable)						Do you work in the Licensed Trade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent's 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/Agent/Guardian						Date		

Registration Fee Payment :

Cheque Enclosed **BACS** (Bank details below; attach copy of Transfer) **Credit Card** 01344 882770 x 203

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

The Director of Admissions, LVS Ascot, London Road, Ascot, Berkshire, SL5 8DR Email: registrar@lvs.ascot.sch.uk

LTC Licensed Victuallers' School: 29275718 Sort Code: 23-05-80