



OLD BUCKENHAM HALL

A leading co-educational preparatory school for children aged 2-13 years

REGISTRATION FORM

Confidential

REGISTRATION FEE

A fee of £100 is payable on registration and is non-refundable (unless you will be claiming the early years grant)

- I/We enclose a cheque for £100 payable to 'Old Buckenham Hall School'
- I/We undertake to pay by BACS:

Barclays Bank plc, Account Name: OLD BUCKENHAM HALL (BRETTENHAM) EDUCATIONAL TRUST LTD
Sort: 201646 **Account:** 80674397 **SWIFTBIC reference:** BARCGB22 **IBAN reference:** GB24 BARC 2016 4680 6743 97 **Please reference:** deposit with child's name

CHILD'S DETAILS

Surname:

First names:

(Please underline preferred name)

Gender:

Date of birth:

OBH will require evidence of date of birth (original passport/birth certificate) prior to child's entry date.

CONTACT DETAILS

	Father	Mother
Full Name		
Profession		
Address		
Work telephone		
Home telephone		
Mobile telephone		
Email		

Old Buckenham Hall | Brettenham Park | Brettenham | Ipswich | Suffolk | IP7 7PH

Telephone: +44 (0) 1449 740252 | Facsimile: +44 (0) 1449 740955 | Email: admissions@obh.co.uk | Website: www.obh.co.uk



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POINT OF ENTRY

Please indicate which year group you wish to register your child:

Pre-Prep and Nursery (Day pupils only)

Nursery Reception Year 1 Year 2

Prep School

	Day Board	Flexi/Weekly Board	Fortnightly Board	Full
Year 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT SCHOOL DETAILS

Name of School:

Address:

Postcode:

Headteacher's Name:

Are you or any of your family former pupils of Old Buckenham Hall?

Yes / No

MEDICAL INFORMATION

Please indicate whether the potential pupil has any disability or medical condition of which you are aware. If yes, please attach details.

Yes No

HOW DID YOU HEAR ABOUT OLD BUCKENHAM HALL?

Word of mouth Agent Advertisement Website

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Other: _____

Father (or guardian)

Mother (or guardian)

Signed: _____

Date: _____

Please return this form to: Registrar, Miss Kate Walmsley: kate.walmsley@obh.co.uk or post to:
Old Buckenham Hall, Brettenham Park, Brettenham, Ipswich, Suffolk IP7 7PH