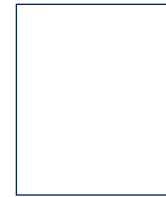


# Registration Form



British American School of Charlotte  
7000 Endhaven Lane  
Charlotte, NC 28277  
Telephone: 704 341 3236  
Fax: 704 341 3258  
E-mail: admissionsbasc@britishschool.org  
www.britishschool.org



Attach  
photograph  
here.

To register your interest in the British American School of Charlotte please complete this form and send it to the school office, at the above address, together with the \$150 non-refundable registration fee and a recent photograph. School report(s) and evaluation form(s) are to be sent directly from the current school. Unfortunately applications cannot be considered unless accompanied by the non-refundable registration fee and all appropriate paperwork.

Registration for admission (*please insert start date*) \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
First Middle Last Preferred Name

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Date of Birth: (*d/m/ly*) \_\_\_\_\_ Age: (*years*) \_\_\_\_\_  Male  Female

Medical Conditions:  Yes  No If yes please provide details \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Other language(s) spoken \_\_\_\_\_

Proficiency in English (*if not first language spoken at home*):  Excellent  Average  Weak

If the applicant will be three years old when entering the school, would you prefer the full or half-day option?  full day  half day

## Education

Present School: \_\_\_\_\_ Date started at school: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Previous School(s) (*Attach additional paper, if necessary*)

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your child currently placed in his/her age appropriate class? If not, please explain. \_\_\_\_\_

Does your child have any special education needs? If yes, please specify. \_\_\_\_\_

# Registration Form *(continued)*

## Family

Father's Name \_\_\_\_\_

Father's Home Address *(if different from applicant's)* \_\_\_\_\_

\_\_\_\_\_

Father's Occupation/Job Title \_\_\_\_\_

Father's Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Home Address *(if different from applicant's)* \_\_\_\_\_

\_\_\_\_\_

Mother's Occupation/Job Title \_\_\_\_\_

Mother's Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

Applicant lives with *(tick all that apply)*

Father  Mother  Stepfather  Stepmother  Grandparent  Other

Tick, if appropriate:

Mother deceased  Father deceased  Parents separated  Parents divorced

On receipt of the completed registration form the British American School of Charlotte may contact the applicant's current and previous schools for further information.

**I understand that, should my child be offered a place at the British American School of Charlotte, I will be required to pay a \$1000 deposit and will be asked to sign a school agreement to hold the child's place. In addition, I understand that once the school agreement is signed, I am responsible for payment of tuition for the first academic year and development levy when due.**

I confirm that I have disclosed all information that I believe to be relevant to the school in the admissions process and that it is accurate, to the best of my knowledge.

I confirm that I have legal custody of the child that I am registering to attend the British American School of Charlotte or that I have the legal custodian's consent.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_