



HARBOUR  
HOUSE

# Registration Form

## Student Information

Student's Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

School Name (inc Boarding House): \_\_\_\_\_

Please attach  
a recent  
photograph  
here

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Parent Information

Parent 1's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Parent 2's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

## Extra Information

Students Medical Needs/History (if any):

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Students Dietary Requirements/Allergies (if any):

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Student's Current Medication (if any):

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Other Special Requests/Interests:

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## Declaration

I/We agree to Harbour House Guardianships storing this information, and sharing it with those persons who are directly involved with my child/children and need to know this information.

Parent 1's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent 2's Signature: \_\_\_\_\_

Date: \_\_\_\_\_