



LALEHAM LEA

Catholic Independent School

29 Peaks Hill
Purley
Surrey CR8 3JJ

Telephone: 020 8660 3351
secretary@lalehamlea.co.uk
www.lalehamlea.co.uk

Registration to the School

Please complete in block capitals and return to the School with the Registration Fee.

Pupil Details

Surname _____ Christian Name _____

Date of Birth _____ Religion _____

Nationality _____ Ethnicity _____

Country of Origin of Passport _____

Proposed Date of Entry _____ Church of Baptism _____

Previous School/Nursery attended _____

From _____ to _____

Sibling Names and D.O.B. _____

Parents' Details

Name: Father _____ Mother _____

Home Address _____

Home telephone number _____

E-mail: Mother _____ Father _____

Occupation: Mother _____ Father _____

Reasons for choosing Laleham Lea _____

Declaration: *I request that the above named child be registered as a prospective pupil and I enclose a cheque made payable to Laleham Lea School for the registration fee of £100.00 (non-refundable)*

Signed _____ Date _____

Name (printed) _____

For Office Use: Fee rec'd _____ N/A _____ Appointment _____