

REGISTRATION FORM FOR CHORISTER

(PLEASE KINDLY PRINT CLEARLY)

Family name _____

Child's name _____

(Please underline the name by which he is usually known)

Date of birth _____ Proposed date of entry _____

Nationality _____ Religious denomination _____

Father's full name _____

Father's address _____

Father's occupation _____

Telephone numbers Home _____

Mobile _____

Work _____

Email address _____

Mother's full name _____

Mother's address (if different from that of father) _____

Mother's occupation _____

Telephone numbers Home _____

Mobile _____

Work _____

Email address _____

Name and address of current Parish Priest (or another priest who may be approached for a reference) _____

Current School and Headteacher _____

Tel _____

Email _____

For which School(s), if any, is your son entered at 13+ _____

Which other Preparatory School(s) or Choir School(s), if any, have you applied to? _____

Has your son had a voice trial at another Cathedral? If yes, please give details _____

How did you hear about Westminster Cathedral Choir School? _____

Has your son had any remedial or physiotherapy support for any special educational needs? _____

Does your son have any health problems of which we need to be aware? _____

Please kindly enclose a copy of your son's baptismal certificate. Admission follows informal and formal voice trials with the Master of Music at Westminster Cathedral, and academic and pastoral assessments by the Head Master.

I declare that the above information is correct.

Signature _____ Date _____

Full Name _____

Relationship to the child _____

Please return this form to
The Registrar
Westminster Cathedral Choir School
Ambrosden Avenue
London SW1P 1QH

Westminster Cathedral Choir School
Ambrosden Avenue London SW1P 1QH

General Enquiries 020 7798 9081

Head Master's PA 020 7931 6099

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