



The Regent School

New Student Enquiry Form

Date: _____

Name of Parents/Guardian _____

Email: _____ Phone number: _____

PROSPECTIVE STUDENT INFORMATION:

	Student 1	Student 2	Student 3	Student 4
First Name: _____	_____	_____	_____	_____
Last Name: _____	_____	_____	_____	_____
Gender: _____	_____	_____	_____	_____
Birthdate: _____	_____	_____	_____	_____
Current grade/ class : _____	_____	_____	_____	_____
Last school attended: _____	_____	_____	_____	_____
Current system of education: _____	_____	_____	_____	_____
Admission required for (State academic year): _____	_____	_____	_____	_____

For official use only

Follow up action: _____ Date: _____

Follow up action: _____ Date: _____

Follow up action: _____ Date: _____

Respect Responsibility Resourcefulness