

On the return of the forms with a registration fee of three guineas your daughter's name will be placed  
on the school waiting list.

**St. Elphin's Church of England School**  
**DARLEY DALE, DERBYSHIRE.**

**FORM OF APPLICATION FOR ADMISSION.**

<i>Name and Address of Parent or Guardian.</i> <i>Telephone No.</i>	
<i>Profession or Occupation of Parent or Guardian.</i>	
<i>Christian Name and Surname of the Pupil to be written in full.</i>	
<i>Age of Pupil stating date of birth.</i>	
<i>State whether Pupil has been Vaccinated. If so, when?</i>	
<i>Has the Pupil been to any other school? If so, where?</i>	
<i>State whether Pupil has been Confirmed.</i>	
<i>Date of Application and Proposed Date of Admission.</i>	

NOTE.—The Committee and Head Mistress reserve the right of refusing admission to or requiring the withdrawal of any Pupil for any reason which, in their discretion, may appear to them to make such refusal or withdrawal desirable.

I request that my daughter (or ward), above-mentioned may be admitted as a Pupil in the above School. I desire that she may be trained in the principles and formularies of the Church of England, and I undertake to conform to all the regulations of the School from time to time in force, and in particular I agree to pay each Term's Fee in advance, and upon removing my daughter (or ward) from the School to give to the Head Mistress one term's previous notice in writing, or in default to pay one term's fee.

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*Signature of Parent or Guardian.*

*Date*.....196.....

To be returned with medical certificate, to the Head Mistress, St. Elphin's School, Darley Dale, Matlock, before the Candidate's name can be entered for admission.

It is particularly requested, if a Candidate be placed elsewhere after her name has been entered at St. Elphin's, that notice thereof may be immediately sent to the Head Mistress, so that the name may be removed from the List.



# St. Elphin's Church of England School for Daughters of Clergy and Laity

DARLEY DALE, DERBYSHIRE

*To be filled in by Parent or Family Doctor, and returned with the form of application for admission.*

Name of Pupil .....

Has she received protective inoculation or vaccination for . . .	Smallpox	Tetanus	Diphtheria	Whooping Cough	Polio
Has she ever had . . .  Give dates wherever possible.	Measles	German Measles	Chicken Pox	Mumps	
	Scarlet Fever	Diphtheria	Rheumatic Fever	Whooping Cough	
Has she ever had her tonsils removed? Or any other operation or important illness?  Give date wherever possible.					
Has she any defect of sight or hearing ?					

Signed .....

Date .....

## *To Parents :*

PLEASE COMPLETE THE FORM AS ACCURATELY AS POSSIBLE. Your family doctor, by referring to his records, may be able to supply details.

During her school career, your daughter will be a registered patient of the School Medical Officer. (This will in no way prevent her from consulting her home doctor during holidays). **HER PERSONAL MEDICAL CARD MUST ACCOMPANY HER** when she joins the School for her first term. Without this card, the School Doctor can have no access to earlier medical history and may be placed at serious disadvantage when dealing with any future illness.

