

On the return of the forms with a registration fee of one guinea 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>Profession or Occupation of Parent or Guardian. If the Father is a Clergyman, state where he has officiated.</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.

.....
Signature of Parent or Guardian.

Date.....194.....

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 the Parent or Family Doctor, and returned with the form of application for admission.

Name of Pupil.....

1. <i>When was she last vaccinated?</i>									
2. <i>State which of the following (if any) she has had, and when :— Measles, Chicken-pox, German Measles, Scarlet Fever, Whooping Cough, Mumps, Diphtheria, Ringworm, Influenza.</i>									
3. <i>Has she suffered from any illness other than the above? If so state details.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Illness</th> <th style="width: 50%; text-align: center;">when contracted</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> </tbody> </table>	Illness	when contracted	1		2		3	
Illness	when contracted								
1									
2									
3									
4. <i>Has she any defects of sight or hearing?</i>									
5. <i>Is there any other fact regarding which you think the School should have special information?</i>									

Signed.....*Date*.....194

NOTE.—Each new girl on arrival is examined by the School Doctor (free of charge to the parent).