

Registration form

1. Candidate for Admission

Family Name: _____ Given names (in full): _____

Date of Birth (dd/mm/yy) _____ Nationality: _____ Religion: _____

Present School or Nursery if any (with dates): _____

Address of School or Nursery: _____

School or Nursery Contact Number: _____

Head Teacher: _____ Email: _____

Proposed Term and Year of Entry: _____

Have you registered your child's name at any other school/s and, if so, which? _____

2. Parents /Guardian

Father's/Guardian's Title, Full Name, Address and Occupation: _____

Daytime Tel: _____ Evening Tel: _____

Email: _____

Mother's Title, Full Name, Address (if different from above) and Occupation: _____

Daytime Tel: _____ Evening Tel: _____

Email: _____

When at School resident with Parents / Mother / Father / Guardian (please delete)

3. Siblings

Please mention here the names, date of birth and sex of any other children within the family including those attending the School or registered for entry. _____

4. Additional Information

If applicable, please provide brief details of any disability, special educational needs or medical condition.

We will contact you again for further information. If none, state "none" _____

5. How did you hear about the School?

Local Reputation Present School Friends Advertisement Internet Search/Website

Other (please give details) _____

6. Ethnic Origin of Daughter

Please tick the box that most closely describes her ethnic origin

White:

British Irish Any Other White Background _____

Black or Black British:

Caribbean African Any Other Black Background _____

Asian or Asian British:

Indian Pakistani Bangladeshi Chinese Any Other Asian Background _____

Mixed:

White and Black Caribbean White and Black African White and Asian

Any Other Mixed Background _____

Arab

Any Other Ethnic Group, please describe: _____

Language spoken at home if not English: _____

The information requested is to ensure that we comply with our Equal Opportunities Policy and is NOT part of our Admissions Procedure.

7. Identification

Please send a copy of your daughter's birth certificate with our completed registration form.

Notes

Completion of this registration form does not give rise to a commitment by the School or the parents. Offer of places are subject to availability and the admission requirements of the School at the time offers are made.

A copy of the current edition of the Standard Terms and Conditions will be supplied on request.

Declaration

We request that the name of our above named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £100 is enclosed. We understand that the Standard Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of our child.

Do both parents have parental responsibility for the child? Yes/No

(If no, please give details in a covering letter.)

First Signature: _____

Second Signature: _____

Name in Full: _____

Name in Full: _____

Relationship to the Child: _____

Relationship to the Child: _____

Date: _____

Date: _____