



Registration form

Request for a place on the waiting list

Your child					
Surname of your child					
First names (underline preferred name)					
Nationality		Date of birth		Religion	
Proposed term and year of entry					
Have you registered your child's name at any other school(s) and if so, which?					

Father / legal guardian					
Title (e.g. Mr, Dr)					
Full name					
Day-time telephone		Evening		Mobile	
E-mail address					
Address (including postcode)					
Occupation					

Mother / legal guardian				
Title (e.g. Mrs, Ms, Dr)				
Full name				
Day-time telephone		Evening		Mobile
E-mail address				
Address (including postcode)				
Occupation				

Other people with parental responsibility	
<p>Please provide the name(s) and current address(s) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.</p>	
Title	
Full name	
Address (including postcode)	

Connections with the School
<p>Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.</p>

Please indicate how you first heard of the School

- | | | | |
|---|--|----------------------------------|--|
| <input type="checkbox"/> Local reputation | <input type="checkbox"/> Present school | <input type="checkbox"/> Friends | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other (please give details) | | |

Please state the name and address of the present school (with dates of attendance)

Name and address of school

Dates of attendance

Name of Head

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)

Please give an outline of your child's other hobbies or interests (if applicable)

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child (if applicable)

Declaration

I / We request that my / our child named above is registered as a prospective pupil.

I / We understand that the School may obtain, process and hold personal information about my / our child which may include sensitive information such as medical details, and have read the school's Privacy Policy on the school website.

I / We enclose the non-refundable Registration Fee of £60 together with this completed Registration form duly signed by me / us.

Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full (please include all names)		
Relationship to child		
Date		

Note

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's *Terms and Conditions* will be supplied on request.