



Child's Details

Surname of your Child _____

First Names (Please underline the name generally used) _____

Gender _____

Date of Birth _____

Nationality _____

Religion _____

First Language _____

Proposed Term and Year of Entry _____

Ethnic Origin

All prospective pupils and current pupils of the School are treated equally regardless of ethnic origin, religion or background.

The following information may be provided voluntarily and shall be used for statistical purposes only. Please tick the box which is most appropriate to the child named above:

- | | | | | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| White – British | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Black – African | <input type="checkbox"/> |
| White – Irish | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any other White | <input type="checkbox"/> | Any other Mixed | <input type="checkbox"/> | Any other Asian | <input type="checkbox"/> | Other _____ | |
| White and Black Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Refused | <input type="checkbox"/> |

Please indicate your choice of Preschool sessions (if applicable) or full time tick here

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state the name and address of the present School/ Nursery (with dates)

Date from _____

to _____

Address _____

Postcode _____

Name of Head _____

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.

Please provide us with details of any medical condition including allergies or dietary needs.

Please provide us with details of any disabilities or learning difficulties your child may have.

Please enclose any specialist reports (Education Psychologist, OT, Speech & Language, Statement or current IEP).



Parents' Details

Father's* Title	Full Name
Occupation	
Address	
	Postcode
Daytime Telephone	Evening Telephone
Email Address	Mobile Telephone
Email address for billing purposes	
Mother's* Title	Full Name
Occupation	
Address (if different to the above)	
	Postcode
Daytime Telephone	Evening Telephone
Email Address	Mobile Telephone
Name and Emergency telephone number of a relative / friend if parents cannot be contacted	
	Relationship to child
Please confirm the marital status of the mother and father	
If separated, who does the child normally live with? Mother / Father	
Are there any legal arrangements which restrict parental access? Yes / No (If Yes, please provide details in a covering letter)	
<i>*Does any other person, other than the parents, have legal parental responsibility for the child (i.e. through a court order)? If so, please state their name and relationship to the child:</i>	

Declaration

We request that the name of our above-named child be registered as a prospective pupil. Registration of our child as a prospective pupil does not secure our child a place at the school, but does ensure that our child be placed on the school waiting list. If our child is offered a place at the school, such an offer will be subject to the school's Terms and Conditions for the provision of educational services which will bind us in the event that we accept that place. We understand that the 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 the child. This Registration Form requires the signature of both the child's father/guardian and mother/guardian.

First Signature	Second Signature
Name in Full	Name in Full
Relationship to the Child	Relationship to the Child
Date	Date

The non-returnable registration fee of £50 must accompany this form which should be returned to the School.

Payment should be made via BACS, using the following account details:

Barclays Bank Sort code: 20-58-69 Account number: 63836576 Date of BACS payment: _____

Please use your surname as the reference when making the payment.