



Registration form

Request for a place on the waiting list

Your child				
Surname of your child				
First names (underline preferred name)				
Nationality		Date and place of birth		
Gender		Ethnicity		
Main language spoken by child			Other languages spoken at home	
Child's Main Residence (Address including postcode)				
If child born abroad how long has the child resided in the UK?				
Type of place (please tick)				
<input type="checkbox"/> Nursery/Pre School	<input type="checkbox"/> Reception	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	
<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6	
Date of entry				
Have you registered your child's name at any other school(s) and if so, which?				
Name and date of birth of brothers or sisters?				
Are Parents Divorced?		Child lives with:		
Father / legal guardian				
Title (e.g. Mr)				
Full name				
Day-time telephone		Evening		Mobile
E-mail address				
Address (including postcode)				

Occupation					
Employer's business name and address					
Mother / legal guardian					
Title (e.g. Mrs, Ms)					
Full name					
Day-time telephone			Evening		Mobile
E-mail address					
Address (including postcode)					
Occupation					
Employer's business name and address					
Other people with parental responsibility					
Please provide the name(s) and current address(es) 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.					
Title					
Full name					
Address (including postcode)					
Details of family members or child minders					
Please provide the name(s) and contact details (phone and/or e-mail address) of any other person who may collect the child from school with parental consent.					
Full Name					
Relationship to the child					
Phone Number			E-mail address		
Connections with the School					
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 indicate how you first heard of the School

Local reputation Present school Friends Advertisement

Website Other (please give details)

Introduced to the school by:-

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, using the attached Confidential Information form

Notes

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.

Declaration

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

I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include 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.

I / We enclose the non-refundable Registration Fee of £50.00 (please make cheques payable to A for E Limited/If you would prefer to pay by BACS our Account details are: Lloyds Bank/Sort Code:30-67-76/Account Number:47425868) 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)		
Date of birth		
Relationship to child		
Date		