

Registration Form

Child's Full Name			
Child's Date of Birth	Gender		Proposed Entry Date
Name of Parent/Carer			
Address			
		Postcode	
Contact Numbers	Home:	Work:	Mobile:
E-mail Address		Occupation	
Name of Parent/Carer			
Address			
		Postcode	
Contact Numbers	Home:	Work:	Mobile:
E-mail Address		Occupation	
Please state which parent or carer the child normally lives with:			
Please detail here, if applicable, the names of any other children of the family attending the School or who are registered for entry; or any other connection with the school, e.g. former pupils:			
How did you first hear of the school?			
Please give name and address of the present school or nursery, if applicable (with dates):			
Name of Head/Manager			
Does the child have any specific medical conditions/allergies that the school should be aware of?			
Notes:			
<p>a) This Registration Form does not give rise to a commitment by the school or the parents. 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.</p> <p>b) Please return this form with your cheque for the registration fee of £50. Two signatures to the Registration Form are required if both sections completed above</p> <p>c) Prior to commencement at the school a non-refundable Deposit of £400 is required</p>			
<b>Declaration</b>			
I/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 £50 is enclosed. We understand and accept that the standard terms and conditions of the School will undergo reasonable changes from time to time.			
Parent's/Carer's Signature	Print Name	Date	
Parent's/Carer's Signature	Print Name	Date	

Please tick your child's ethnicity (completion of this section is voluntary and also used for Early Years Foundation Stage Monitoring):

**White – British**

<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>	Any other white background

**Mixed – White and Black Caribbean**

<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background

**Asian, or Asian British**

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background

**Black or Black British**

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background

**Chinese**

<input type="checkbox"/>	
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Any other ethnic group – please state:

Please tick any of the following special educational needs that apply to your child:

<input type="checkbox"/>	No special educational need
<input type="checkbox"/>	Early Years Action/School Action
<input type="checkbox"/>	Early Years Action Plus/School Action Plus

Please tick below if your child speaks English as a second language and indicate the first language spoken:

<input type="checkbox"/>	LANGUAGE:
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