

Note: This form must be completed by all those with parental responsibility¹ for the child. Please use block capitals.

CHILD'S DETAILS

Full legal name(s):			
Name generally used:			
Sex:	Boy		Girl
Date of birth:			
Documentary Evidence of Name and Date of Birth	Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Document type (birth certificate/passport) Original(s) to be presented to the School at the earliest opportunity		

Proposed term and year of entry:			
Attendance:	All Year Round	<input type="checkbox"/>	Term Time Only

Please note the minimum requirement of sessions as per the fees list.

	Monday	Tuesday	Wednesday	Thursday	Friday
Nursery Earlies <i>8.00am – 8.45 am</i>					
Morning Session <i>8.45 am - 12.45 pm</i>					
Afternoon Session <i>12.00 noon – 4.00pm</i>					
Great Lates <i>4.00 pm – 6.15 pm</i>					

Nationality(ies):	British: <small>Select</small> Other (please specify):
Is English your child's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, please state his/her first language</i> <i>Please indicate your child's level of English.....</i>
Does your child have an EHC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide more information</i>
Does your child have SEND?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide more information</i>

¹ Parental responsibility is defined in the Children Act 1989 as "all rights, duties, powers and responsibilities and authority which by law a parent of a child has in relation to the child and his or her property". It equates to legal responsibility for the child. If you have any doubts about whether you do or do not have parental responsibility for the child you may wish to seek legal advice.

PARENTS' DETAILS

	Parent One		Parent Two
Primary Contact: (please tick)			
Relationship to child e.g. mother, father			
Title:			
Full Name:			
Address (including postcode):			
Occupation:			
Nationality(ies):			
Home tel:			
Work tel:			
Mobile tel::			
E-mail address(es):			
<p>Please mention here the names of any other members of the family attending the Trust or registered for entry, or any other connection with the Trust:</p> <p>.....</p> <p>.....</p>			

Please mention here the names and dates of birth of any siblings:

.....

.....

.....

.....

Please state name and address of your child's present school or educational institution together with date of entry (please be aware that we will contact them prior to a Taster Day):

.....

Name of Headteacher (or equivalent):

.....

IMPORTANT – Please provide all details of any health or medical condition(s), special educational need(s), disability or allergy that your child has (whether underlying, short-term or long-term). Please tick as appropriate, and provide all relevant details, including any reports or other materials.

ADHD	<input type="checkbox"/>	Allergies <i>(please specify below)</i>	<input type="checkbox"/>	Aspergers Syndrome	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>		<input type="checkbox"/>
Other <i>(please specify below)</i>	<input type="checkbox"/>				
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>PLEASE NOTE – If you withhold or otherwise misrepresent any information of this nature, please this may result in the School declining to make an offer of a place to your child or exercising its right to end the Parent Contract.</p>					

Are there are any other circumstances relating to you or your child of which the School should be aware?

.....

.....

.....

DECLARATION

By signing this Registration Form:

- We (as the holders of parental responsibility for the above-named child) request that the name of the above-named child be registered as a prospective pupil of the School **AND** we pay a **non-refundable** Registration Fee of £100 by bank transfer to:

Prep Schools Trust
 Barclays Bank PLC
 Liverpool Street
 Leicester
 LE87 2BB
 Sort Code: 20 – 01 – 25
 Account No: 90314382

OR

Prep Schools Trust IBAN number
 IBAN GB50 BARC 2001 2590 3143 82
 SWIFTBIC: BARCGB22

Please use the identifier ‘BAR’ and your child’s surname in the reference.

By signing this Registration Form we understand, accept and agree that:

- completion of this Registration Form and payment of the Registration Fee does not constitute an offer of a place at the School. We understand that if the above-named child is offered a place at the School, such an offer will be subject to the Trust's terms and conditions for the provision of educational services, which will bind us in the event (and from the moment) that I/we accept the place.
- if applicable, the School may request from our child's present school or educational institution: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;
- the information provided in this Registration Form is true, accurate, complete and not misleading. We will notify the School if there are any changes to the information provided to the School or our and/or our child's circumstances; and
- In order for the Trust to comply with their responsibilities as a registered student sponsor, we acknowledge that the Trust may be required to notify and/or supply information relating to us and/or our child's right to enter, reside and/or study in the United Kingdom to the Home Office and, in any event, if our child is offered a place at the School, such an offer will be subject to us confirming that my/our child has the right to enter, live and study in the United Kingdom; and
- We understand the Trust may, with reference to one or both of us: (i) undertake a credit check with a credit reference agency; and/or (ii) require you to provide the Trust's Head of Finance with a bank reference and/or an up-to-date credit report (including a credit score).

<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p>	<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p>
--	--

How we may use personal information

The School may process personal data about you (or either of you) and your child, including sensitive personal data about your child (such as medical details) in accordance with data protection law for the purposes of:

- (i) administering its list of prospective pupils;
- (ii) its registration, selection and/or admission procedures, including as set out above; and
- (iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

Even if your child is not offered a place at the School, we retain information about prospective pupils and their parents for a minimum of 6 months. Please let the Data Compliance Lead know if you have any questions or concerns about this.

Further information about how the School processes personal data is set out in the School's *Privacy Notice*, which is on the School's website and is otherwise available from the School at any time upon request.

OFFICE USE ONLY	
Date Registration Fee Received.....	Method of Payment.....