

THORPE HALL SCHOOL

Registration Form [to be completed by parents]
PLEASE USE **BLOCK CAPITALS**

Pre-Nursery/Nursery
(please circle)

Surname of child: First names (in full):

Name generally used:..... Date of birth:..... Boy / Girl
(please circle)

Nationality: Ethnic background:.....

Minimum Sessions over 3 days no PM Only	Pre - Nursery	Nursery
Term 1	3 Sessions	5 Sessions
Term 2	4 Sessions	6 Sessions
Term 3	5 Sessions	7 Sessions

Please circle preferred sessions:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Proposed date of admission:

Information	Parent 1	Parent 2
Relationship to Child		
Title		
Full Name		
Address		
Postcode		
Occupation		
Nationality		
Home Tel		
Mobile Tel		
Email		

Are both parents resident in the UK? Yes No Comment

If both parents are non UK residents please use a separate application form.

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 state the names, addresses and telephone numbers of all persons having parental responsibility for the children:

Bill payer name and address:

Are there any circumstance relating to your child which the school should be aware? Please tick as appropriate.

ADHD	<input type="checkbox"/>	Allergies	<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"/>	ADD	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please enclose the most recent Educational Psychologist’s report if you have one. Failure to indicate any circumstances the school should be aware of could affect your child’s education.

Is English your child’s first language: YES / NO If No what is their first language.....

Declaration

We request that the name of the above-named child be registered as a prospective pupil AND we have paid the non-refundable registration fee of £100 by bank transfer to Barclays Bank A/C 90899232, S/C 20 79 73 (child’s name to be used as reference), by debit/credit card (please delete as applicable).

We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School;
2. the School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child’s personal data (including sensitive personal data) for these purposes;
3. in the event that 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 the place.

First Signature: Second Signature:

Name in Full: Name in Full:

Relationship to child: Relationship to child:

Date: Date:

Please indicate if there are any special family circumstances we should be aware of, i.e. divorce/separation:
.....

A copy of the current edition of the standard term.