

# THORPE HALL SCHOOL

## Registration Form [to be completed by parents]

PLEASE USE **BLOCK CAPITALS**

Child's legal surname: ..... First names (in full):.....

Name generally used: ..... Date of birth: .....

Gender as given on Birth Certificate:..... Nationality: .....

First language: .....

Registration for:

(please circle)

Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
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Proposed date of admission: .....

### Parent Details

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 .....

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 name and address of the present school - with date of entry: .....

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

Bill payer name and address: .....

.....

**SEND/MEDICAL**

Does your child have an EHCP? YES/NO (please circle)

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

ADHD		Allergies		Aspergers Syndrome	
Autism		Dyslexia		Dyspraxia	
Hearing impairment		Visual Impairment		ADD	
Asthma		Other (please specify)			

**Please provide details and include all relevant information/reports with your application. Failure to indicate any circumstances the school should be aware of could affect your child’s education.**

Has your child in the last year had fixed or permanent exclusion: YES/NO, if yes please provide details:-

.....

.....

**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.....

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