



# Registration Form

## Request for a Place on the School Waiting List

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1. **Surname of Your Child:** **Gender:**

**First Names:**

(Please underline the name generally used)

**Date of Birth:**

Nationality:

Religion:

**Proposed Term and Year of Entry:**

Have you registered your child's name at any other school/s and if so, which?

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2. **Father/Legal Guardian's Title, Full Names, Home Address (including postcode)**

**Occupation:**

**Employer's business name and address:**

Daytime Telephone:

Evening Telephone:

Email address:

Mobile Telephone:

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3. **Mother/Legal Guardian's Title, Full Names, Home Address (including postcode)**

**Occupation:**

**Employer's business name and address:**

Daytime Telephone:

Evening Telephone:

Email address:

Mobile Telephone:

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4. Please select the days you require (tick the appropriate boxes). Please note: our Pre-Prep children are required to attend full-time and the *minimum attendance for Kindergarten* is 3 days per week):

MON

TUES

WEDS

THURS

FRI

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5. 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.

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6. Please state the name and address of the present school (with dates):  
Name of Head:

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7. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):

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8. Please give an outline of your child's other hobbies or interests (if applicable):

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9. Please provide us with details of any medical condition (including allergies), disabilities, special educational need or learning difficulty and if your child has an Educational Statement (if applicable).

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10. Please confirm if your child is a Looked After Child or has been adopted by yourselves.

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11. How did you hear about us?

Recommendation  Local Knowledge  Breaside Website  Local Authority  Advertising

Other (please specify below)

Details: .....

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#### 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 current edition of the Terms and Conditions will be supplied on request.**

#### Declaration

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 £100.00 is enclosed. I/We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. I/We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including 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.

**First Signature:** .....

Name in full: .....

Relationship to the Child: .....

Date: .....

**Second Signature:** .....

Name in full: .....

Relationship to the Child: .....

Date: .....