Breaside Preparatory School



Registration Form

Request for a Place on the School Waiting List

1.	Surname of Your Child	l:	Gender:	Gender:						
	First Names: (Please underline the name	generally used)								
	Date of Birth:		Nationality:	Religion:						
	Proposed Term and Ye Have you registered yo		other school/s and if so, whicl	h?						
2.	Parent 1/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:							
	Please confirm if your child resides at this address:									
3.	Parent 2/Legal Guardian's Title, Full Names, Home Address (including postcode)									
	Occupation:									
	Employer's business name and address:									
	Daytime Telephone:		Evening Telephone:							
	Email address:									
	Please confirm if your child resides at this address: $\ \Box$									
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 <i>minimum attendance for</i> 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.								
6.	Please state the name and address of the present school (with dates): Name of Head:								
7.	Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):								
8.	Please give an ou	outline of your child's other hobbies or interests (if applicable):							
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).								
10.	Please confirm if your child is a Looked After Child or has been adopted by yourselves (A child who is 'looked after' by their Local Authority is usually known as a 'Child in Care' or a 'Looked After Child' e.g. foster care, interim care order)								
11.	How did you hear about us?								
	Recommendation	n □ Local Knowledge □	Breaside Website \Box	Local Authori	ty 🗆 Adv	vertising \square			
	Other (please spe	ecify below) \square							
	Details:								
with ou A copy I/We re I/We u	or Admissions Policy. of the current edition equest that the name of	ended. Registrations will be consi Offers of places are subject to ava n of the Terms and Conditions will of our above-named child be regist rms and Conditions of the School of the School. I/We understand also	ilability and the admissic be supplied on request. Declaration tered as a prospective pulwill undergo reasonable c	on requirements of poil. A payment of £ hanges from time t	the School at 1 100.00 has been	the time offers are made. en paid via BACs payment. mstances require and will			
and ho	ld personal information	on about our child, including sensi later offered, in order to safeguard	tive information such as	medical details, and					
First S	ignature:		. Second	Signature:					
Name	in full:		. Name in	full:					
Relatio	onship to the Child:		. Relation	ship to the Child:					
Date:			. Date:						

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