Halstead St Andrew's School Church Hill House Wilson Way Horsell Woking Surrey **GU21 4QW**



Halstead St Andrew's School Woodham Rise Woking Surrey **GU21 4EE**

REGISTRATION FORM - APPLICATION FOR ENTRANCE TO THE SCHOOL

To be completed by those with parental repsonsibility for the child. Please type or use block capitals.

Pupil Details		Parent Two Details		
Surname		Full Name		
First Name		Title	Relationship to Child	
Preferred Name (if applicable	2)	Address		
Gender	DOB (dd/mm/yyyy)			
Nationality/ies				
Ethnicity		Occupation	Nationality/ies	
Religion		Mobile Number	Home/Work Number	
Proposed Date of Admission (term and year)		Email Address		
Is English the child's first language? (if no, please specify)		*If you have parental responsibility for the child in a		
Yes No		capacity other than as a parent of the child, please state your relationship to the child below.		
Parent One Details		your relationship to the child	below.	
Full Name				
		Please mention below the names of any other members of the family currently attending the School or registered for		
Title	Relationship to Child	entry or, any other connection your family may have with the School.		
Address				
		Name and address of your cheducational setting.	nild's present school/	
Occupation	Nationality/ies			
Occupation	Nationality/les			
Mobile Number	Home/Work Number			
			Parental repsonsibility is defined in the Children Act 1989 as "all rights, duties, powers and responsibilities and authority which by law a parent of the child has in relation to	
Email Address		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 repsonsibility for the		
			n to seek legal advice.	



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Date of Ent	ry	Nan	ne of Headteacher	By signing this Registration Form, we understand, accept and agree that:		
				1. Our application does not secure our child a place at the School, but does ensure our child will be		
Medical Information				considered for selection as a pupil at the School;		
Please provide all details of any health of medical condition(s), special educational need (s), disability or allergy that your child has (whether underlying, short-term or long-term).			eed (s), disability or	2. If 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 (as the holders of parental responsibility for our child) in the event (and from the		
Please tick as appropriate and provide all relevant details, including any reports or other materials.				moment) that we accept the place; 3. If our child is offered a place at the School, such		
ADHI	D		Allergies (specify below)	an offer will be subject to us proving that our child has the right to enter, live and study in the United Kingdom;		
Asper	ger's Syndron	ne	Autism	4. If applicable, the School may request from our child's present school or educational setting: (a) information and a reference in respect to our child; and/or (b)		
Dysle	xia		Dyspraxia	information about any outstanding fees and/or supplemental charges;		
Heari	ng Impairmen	it	Visual Impairment	5. The information provided in this Registration Form is true, accurate, complete and not misleading. We		
Other (specify below)				will notify the School if there are any changes to the information provided to the School or our/our child's circumstances.		
				Signed by: (parent one)		
				Signature		
			amuiaa mianannaantan			
Important - If you withhold or otherwise misrepresent any information of this nature, this may result in the school				Full Name		
declining to make an offer of a place to your child or exercising its right to end the Parent Contract.						
Are there any other circumstances relating to you or your				Date		
child of which the school should be aware of? (if yes,						
please specify)				Relationship to Child		
No	Yes					
Are there any special arrangements that need to be made for your child to visit for a taster session? (if yes, please specify)				Signed by: (parent two)		
				Signature		
No	Yes					
Declaratio	n			Full Name		
We (as the holders of responsibility for him/her) wish to apply for a place at the School for the above-named child. We have arranged a bank transfer for non-refundable Registration Fee of £100 to:						
				Date		
Bank: Barclays Branch: Woking				Relationship to Child		
Sort Code: 20-97-58 Account No.: 10771880 Account Name: Halstead St Andrew's School Trust Ltd						

IBAN: GB63BUKB20975810771880 **BIC:** BUKBGB22

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* A copy of the current terms and conditions (known as the School's Parent Contract) is available for your information upon request at any time, but please note that the version of the Parent Contract supplied may be subject to change prior to the point in time when a place at the School for your child may be offered.

HOW MAY WE USE YOUR 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 lists of prospective pupils;

ii) its registration, selection and/or admission procedures, including those set out as above: and iii) communicating with the parents of the 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 year. Please let the Head of Admissions 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.

Continuation Sheet (if required)

Please provide any additional information in the space below that you were not able to include in the main Registration Form.