



REGISTRATION FORM - APPLICATION FOR RECEPTION - YEAR 11

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

Pupil Details

Surname

First Name

Preferred Name (if applicable)

Gender

DOB (dd/mm/yyyy)

Nationality/ies

Ethnicity

Religion

Proposed Date of Admission (term and year)

Is English the child's first language? (if no, please specify)

Yes No

Parent One Details

Full Name

Title

Relationship to Child

Address

Occupation

Nationality/ies

Mobile Number

Home/Work Number

Email Address

Parent Two Details

Full Name

Title

Relationship to Child

Address

Occupation

Nationality/ies

Mobile Number

Home/Work Number

Email Address

*If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child below.

Please mention below the names of any other members of the family currently attending the School or registered for entry or, any other connection your family may have with the School.

Name and address of your child's present school/ educational setting.

Parental responsibility 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 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 responsibility for the child, you may wish to seek legal advice.

Date of Entry

Name of Headteacher

Medical Information

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).

Please tick as appropriate and provide all relevant details, including any reports or other materials.

<input type="checkbox"/> ADHD	<input type="checkbox"/> Allergies (<i>specify below</i>)
<input type="checkbox"/> Asperger's 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"/> Other (<i>specify below</i>)	

Important - If you withhold or otherwise misrepresent any information of this nature, this may result in the school 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 child of which the school should be aware of? (*if yes, please specify*)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
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Are there any special arrangements that need to be made for your child to visit for a taster session? (*if yes, please specify*)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
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Declaration

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 £120 (inclusive of VAT) to:**

Bank: Barclays **Branch:** Woking
Sort Code: 20-97-58 **Account No.:** 10771880
Account Name: Halstead St Andrew's School Trust Ltd
IBAN: GB63BUKB20975810771880
BIC: BUKGB22

VAT Number: 480 070 807

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 considered for selection as a pupil at the School;
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 moment) that we accept the place;
3. If our child is offered a place at the School, such an offer will be subject to us proving that our child has the right to enter, live and study in the United Kingdom;
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) information about any outstanding fees and/or supplemental charges;
5. The information provided in this Registration Form is true, accurate, complete and not misleading. We 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

Full Name

Date

Relationship to Child

Signed by: (*parent two*)

Signature

Full Name

Date

Relationship to Child

* 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.