Registration Form

or may lead to the withdrawal of any offer.

Please complete in block capitals and in as much detail as possible. Fields marked with an asterisk * are mandatory



CHILD'S DETAILS

Full name*						
Name generally used						
Date of birth*			Gender			
Address*						
				Posto	code	
Nationality*			Does your child require a visa to study in the UK?* Yes/No			
First language (if not English)			Religion			
Mixed or multiple ethi	olease circle one): White : B nic groups: White & Black (aribbean, Other; Other : Arab	Caribbean, White & Bla	ck African, White & Asian, O			
Proposed term and scho	ol year of entry*					
Proposed date of entry*						
If the child will be in	n Nursery, which days wil	l be required?* (Plea	ase tick.)			
	Monday	Tuesday	Wednesday	Thursday	, Friday	
Morning						
Afternoon						
Has your child been	assessed for any of the f	ollowing?* (Please t	ick as appropriate.)			
ADHD/ADD	Autistic spectrum c	ondition	Dyslexia		Dyspraxia (DCD)	
Dyscalculia	Hearing impairment	:	Visual impairment		Allergies	
Medical issues requiri	ng regular medication		Mental health issues	Mental health issues		
If yes to any of the ab	ove, please clarify					
Please attach any rep	ports related to the abo	ove. E.g. medical re	eport or educational ps	sychology asso	essment.	
Child's interests and hob	bies such as sport, music, d	rama etc:				
Are there any special arm	angements that need to be	made for your child v	when they visit for an assess	ment?* (Please s	specify.)	
Please give details of oth	er members of the family th	nat attend the School	or who are registered for e	ntry, or any othe	er connection with the School*:	

The information you provide will help us to make any special arrangements which are required for the School's admission process. Failure to disclose relevant information may result in the School being unable to make reasonable adjustments and/

PARENT DETAILS*

	Parent I		Parent 2		
Title and full name:					
Address (If different to child):					
Occupation:					
Home tel:					
Work tel:					
Mobile tel:					
Email:					
Please provide the name and address of any other person with legal responsibility for the child. Their consent will be required if the child is offered a place at the School:					

DECLARATION*

Declaration

We request that the above named child be registered as a prospective pupil of the School and we have paid the non-refundable Registration Fee of £100 by bank transfer to **Chesham Preparatory School; sort code 52 21 27; account number 52372219**. Please use the child's name as a reference. We understand that:

- I. The 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 entry 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 & Conditions for the provision of educational services, which will bind us in the event that we accept the place.
- 3. The School may request a reference from our child's current school or nursery.
- 4. The School may contact other people with parental responsibility to check that they consent to our child joining the School.
- 5. The School may share our information with credit reference agencies.

Data protection

I/we understand that the personal information we have provided will be processed for the purposes set out in the School's Privacy Notices (available on request and on the School's website). This personal data will be processed in accordance with data protection law, only used for the purpose(s) for which I/we have supplied it, and (except where I/we have consented) only shared with third parties where it is necessary to do so and the law allows it. If our child is not offered a place, or if we do not accept an offer of a place, the School will only retain this information for as long as required. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

First signature:	Second signature:
Name in full:	Name in full:
Relationship to the child:	Relationship to the child:
Date:	Date: