



Registration form

Your child				
Surname of your child				
First names (underline preferred name)				
Nationality		Date of birth		Religion
Proposed term and year of entry				
Have you registered your child's name at any other school(s) and if so, which?				
Father / legal guardian				
Title (e.g. Mr)				
Full name				
Day-time telephone		Evening		Mobile
Email address				
Address (including postcode)				
Occupation				
Employer's business name and address				
Mother / legal guardian				
Title (e.g. Mrs, Ms)				
Full name				
Day-time telephone		Evening		Mobile
Email address				

Address (including postcode)							
Occupation							
Employer's business name and address							
Other people with parental responsibility							
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.							
Title							
Full name							
Address (if different from above and including postcode)							
Connections with the School							
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 and House (if known).							
Please indicate how you first heard of the School							
<input type="checkbox"/>	Local reputation	<input type="checkbox"/>	Present school	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Advertisement
<input type="checkbox"/>	Website	<input type="checkbox"/>	Leaflet	<input type="checkbox"/> Other (please give details)			
Please state the name and address of the present school if applicable (with dates of attendance)							
Name and address of school							
Dates of attendance							
Name of Head							

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child, using the attached Confidential Pupil Information form (if applicable)

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School (if applicable)

Yes	No
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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 School's *Terms and Conditions* will be supplied on request.

If you would like further information about how the School processes personal information, please see our Data Protection Notice which is published on our website.

Declaration

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the School may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and I / 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.

I / We enclose cheque for the non-refundable Registration Fee of £50 made payable to Priory Preparatory School, or I/We have made a BACS payment of £50 to Account No: 10077291; Sort Code 20 84 17, together with this completed Registration form duly signed by me / us.

Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full (please include all names)		
Date of birth		
Relationship to child		
Date		