



REGISTRATION FORM

(Request for a Place on the Waiting List)

Notes

Early registration is recommended to obtain a place on the waiting list. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

1. **Surname of Your Child:** _____

First Names: _____

(Please underline the name generally used)

Address: _____

Date of Birth: _____ Nationality: _____ Religion: _____

Gender: Male Female

Type of Place: Nursery Reception

Years 1-6

Proposed Term and Year of Entry: _____

Have you registered your child's name at any other school/s and if so, which?

Please state the name and address of present school or nursery:

2. **Parent's Title, Full Name, Address and Occupation:**

Mobile Telephone:

Evening Telephone:

Home E-mail address:

Occupation:

3. **Parent's Title, Full Name, Address** (if different from the above) **and Occupation:**

Mobile Telephone:

Evening Telephone:

Home E-mail address:

Occupation:

4. 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.

5. Please say how you first heard of the School. Was it from?

Local Reputation

Present School

Friends

Advertisement

Other (Please give details)

Internet

Following receipt of the registration form we will invite your child into school for an assessment during the academic year prior to the start date.

DECLARATION

I/We request that the name of my/our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £25.00 is enclosed. I/We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all my/our dealings with the School. I/We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about my/our child, including 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.

Signature:

Date:.....

Name in full:

Relationship to the Child:

Registered Office: 170 Otley Road, Leeds LS16 5LG
Registered Charity No: 505630