

## Registration Form

SURNAME OF CHILD: \_\_\_\_\_

First Names: \_\_\_\_\_

Gender: M / F (please circle)      Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Day Pupil OR  Boarder:  Full  Weekly  Flexi  Occasional

Proposed Year Group of entry: \_\_\_\_\_

Proposed entry date: \_\_\_\_\_ Term: \_\_\_\_\_ Year: \_\_\_\_\_

Duration: \_\_\_\_\_

**Mother's title, full name and address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_

Mob.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Bill Payer  (please tick)

**Father's title, full name and address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_

Mob.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Bill Payer  (please tick)

### Communication:

Birthparent  Father  Mother  Guardian (please tick)

### Guardian (Compulsory for all overseas students)

Guardian's title, full name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_

Mob.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_



**Have you registered your child at any other school(s) and if so which?**

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**Please say how you first heard of Abbotsholme School (please circle):**

Advertisement*	Agent**	Flier through letterbox		Friends
Media Story	Present School	Road Signage for Open Day	Show	Web Search/ website
Word of mouth	Other:			

\*Please give details here: \_\_\_\_\_

\*\*Name of Agent: \_\_\_\_\_

**Please give the name and details of your child's present school:**

Name and address of School: \_\_\_\_\_

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Name of Head Teacher: \_\_\_\_\_

Date of entry: \_\_\_\_\_

Tel. No: \_\_\_\_\_

**Does your child take any regular medication? YES / NO**

**Does your child suffer from a medical condition? YES / NO**

eg: diabetes, epilepsy, food allergies (please state):

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**Are there any circumstances relating to your child of which the school should be aware? (Please circle as appropriate):**

ADHD                      Asperger's Syndrome                      Autism                      Dyslexia

Dyspraxia                      Hearing Impairment                      Visual Impairment

Other: \_\_\_\_\_

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(Please enclose the most recent Educational Psychologist's Report, if you have one)

**Please outline any of your child's hobbies and interests (eg: arts, drama, music, sports, outdoor education, horse riding, animals etc.):**

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**What are the key areas you are looking for in a school?**

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## Declaration

We request that our child be registered as a prospective pupil and give permission to Abbotsholme School to obtain any necessary reports from their current and/or previous school(s). A £75 non-refundable registration fee cheque is enclosed (£125 for overseas pupils). Cheques should be made payable to “Abbotsholme School”.

*We understand that:*

1. This form does not give rise to a commitment by the School or the parents. Registration does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School;
2. The School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures, and we consent to the processing of our child’s personal data (including sensitive personal data) for these purposes;
3. In the event that 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 the educational services, which will bind us in the event that we accept the place;
4. The School reserves the right to perform a credit check against you with a credit reference agency. Your signature confirms authorisation for the School to conduct this check.

**First Signature:** \_\_\_\_\_

Name in full: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Date: \_\_\_\_\_

**Second Signature:** \_\_\_\_\_

Name in full: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of the current edition of the standard Terms and Conditions is available on request.

*Abbotsholme School: a company limited by guarantee.*

*Registered Office: Rocester, Uttoxeter, Staffordshire ST14 5BS*

*Registered in England No. 370930 Registered Charity No. 528612*