

### **REGISTRATION FORM**

# TO BE COMPLETED BY THOSE WITH **PARENTAL RESPONSIBILITY**<sup>1</sup> FOR THE CHILD PLEASE USE **BLOCK** CAPITALS

### CHILD'S DETAILS

Surname of child:					
First name(s) [in full]:					
Name generally used:					
Sex:	Male:		Female:		
Date of birth:					
Home Address:					
Nationality:	British:				
	Other: (please specify)				
	A COPY OF YOUR CHILD'	-	SSPORT OR BIRTH CERTIFI	CATE	
	IT THE REGISTRATION FORM.				
Ethnicity:	White British		Mixed White and Black Caribbean		
	White Irish		Mixed White and Black African		
	White Other		Mixed White and Asian		
	Black or Black British		Any other mixed		
	(Caribbean, African Black)		background		
	Asian or Asian British		Bangladeshi		
	Pakistani		Chinese		
	Asian Other		Other ethnic group		
	Prefer not to say				
Religion	Catholic		Buddhist		
	Christian Other		Hindu		
	Jewish		Muslim		
	Sikh		Other		
	Prefer not to say				
Registration for:	Nursery:		School:		

<sup>&</sup>lt;sup>1</sup> Parental responsibility is defined in the Children Act 1989 as "*all rights, duties, powers and responsibilities and authority which by law a parent* of a 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.

Proposed date of admission [term and year]:	
Is English your child's first language?	YES/NO
(If not, please state their first language plus any	1.
other Languages spoken.	2.
	3.

## PARENTS DETAILS

e child in a capacity other than as a parent o to the child here:						
other members of the family attending the er connection with the School:						

Please state nam institution (with da			of	your	child's	present	school	or	educational
Name of Headteac	her (or (	equivaler	nt):				· · · · · · · · · · · · · · · · · · ·		

# Are there any circumstances or conditions relating to your child of which the School should be aware? Please tick as appropriate: ADHD Allergies (please specify below) Aspergers Syndrome Autism Dyslexia Dyspraxia Hearing impairment Visual impairment Impairment

Other (please specify below)	
(please specify below)	
(Diagon analogo the most	resent Education Revehologist's report if you have one. Places also

(Please enclose the most recent Education Psychologist's report, if you have one. Please also send us any relevant medical, special needs or other educational reports you may have).

Are there any special arrangements that need to be made for your child to sit the entrance test?

### DECLARATION

We (as the holders of parental responsibility for him/her) request that the name of the abovenamed child be registered as a prospective pupil of the School <u>AND</u>

\*we enclose a cheque for the **non-refundable** Registration Fee of £75.00 (cheques to be made payable to Alton School)

Or

\*we have transferred the Fee to school's account

Bank Account Number	83206140.
Sort Code	60 01 13
Reference	Pupil's name

\*Please indicate as applicable.

By signing this Registration Form we understand, accept and agree that:

1. 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 selection as a pupil at the School;

- 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<sup>2</sup>, which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;
- 3. in order to comply with the School's responsibilities as a registered Tier 4 sponsor, we consent to the School notifying and/or supplying information relating to us and/or our child's right to enter, reside and/or study in the United Kingdom to the *United Kingdom Visas and Immigration* (UKVI) unit of the Home Office and, in any event, if our child is offered a place at the School, such an offer will be subject to us confirming 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 institution:
  (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges; and
- 5. the School may, with reference to one or both of us: (i) undertake a credit check with a credit reference agency; and/or (ii) require you to provide the School's Bursar with a bank reference and/or an up-to-date credit report (including a credit score).

Signed by:	Signed by:
 (signature)	(signature)
(print name)	(print name)
(date)	(date)
(relationship to child)	(relationship to child)

### How we may use personal information

The School may process personal data about you (or either of you) and your child, including sensitive personal data about our child (such as medical details) in accordance with data protection law for the purposes of:

(i) administering its list of prospective pupils;

(ii) its registration, selection and/or admission procedures, including as set out above; and

(iii) communicating with the parents of 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 12 months. Please let the Bursar 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.

<sup>&</sup>lt;sup>2</sup> 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.

### FOR NURSERY USE ONLY

Please indicate which days/ sessions you would like your child to attend. Places will be allocated subject to availability; children are expected to attend a minimum of 20 hours per week. Please note children in Nest, Chicks and Robins are full days only.

### Nest, Chicks & Robins

Full time only (50 weeks)

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 8-6					

### Pre-School (Sparrows & Red Kites)

EYE grant – Funding can be claimed for a maximum of 3 hours per session and a maximum of 15 hours per week. Am/Pm is one session each, a Core day totals 2 sessions. Your child needs to attend 5 sessions in order for you to claim the 15 hours funding.

Full time (50 weeks)	School Term (38	
	weeks)	

	Monday	Tuesday	Wednesday	Thursday	Friday
Early drop off 8-8.30					
Core day 8.30-4.30					
Morning 8.30-12.30					
Afternoon 12.30-4.30					
Late pick up 4.30-6					
Full day 8-6					

### For office use only:

Room child is entering.	Confirmed sessions & times.	Start date	Signed