

# Registration Form

(Prep/Senior/Sixth Form)



This form needs to be signed by both Parents/Legal Guardians and returned to the Admissions Registrar. We also require:

- £50 non-returnable Registration Fee paid by bank transfer (please ask us for details).
- A copy of every child's FULL Birth Certificate and proof of identity i.e. Passport.
- Proof of both Parent/Guardians' identity i.e. Passport/Driving License including proof of address

*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 current edition of the Terms and Conditions will be supplied on request.*

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1. **Surname of Child:** \_\_\_\_\_

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

(Please circle the name generally used)

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

**Proposed Term and Year of Entry:** \_\_\_\_\_ **Year Group:** \_\_\_\_\_

Is your child registered at any other school(s) Yes/No\* If Yes, which one? \_\_\_\_\_

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2. **Father/Legal Guardian** \* (\*delete as applicable)

**Title** \_\_\_\_\_ **Surname** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

**Occupation:** \_\_\_\_\_

Employer's business name: \_\_\_\_\_

Address: \_\_\_\_\_ Post code \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home email address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

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3. **Mother/Legal Guardian** \* (\*delete as applicable)

**Title** \_\_\_\_\_ **Surname** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

**Occupation:** \_\_\_\_\_

Employer's business name: \_\_\_\_\_

Address: \_\_\_\_\_ Post code \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home email address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

4. Please confirm whether there is any Court Order regarding access arrangements that the school should be aware of.  
 Yes \*                       No                      \* If yes please attach a copy.

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5. Please confirm whether your child is a Looked After Child (LAC).  
 Yes \*                       No                      \* If yes please attach details

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6. Please confirm whether your child is adopted.  
 Yes \*                       No                      \* If yes, please provide adoption certificate

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7. Please confirm whether your child has been seen **OR** referred to any of the following:

<input type="checkbox"/> GP or Health Visitor	<input type="checkbox"/> Educational Psychologist	<input type="checkbox"/> Specialist Teacher
<input type="checkbox"/> SENCO	<input type="checkbox"/> Speech & Language Therapist	<input type="checkbox"/> Occupational Therapist

If you have ticked yes to any of the above, please give full details, including a copy of any letters, diagnosis or assessment reports.

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8. Please confirm whether your child has any special educational need.  
 Yes                       No

If you have ticked yes, please give full details, including a copy of any diagnosis or assessment reports.

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9. Please confirm whether your child has any disability.  
 Yes                       No

If you have ticked yes, please give full details, including a copy of any diagnosis or assessment reports.

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10. Please confirm whether your child has any medical condition (including allergies).  
 Yes                       No

If you have ticked yes, please give full details, including a doctor's note.

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11. 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.

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12. As part of our Admissions Process, we will contact current and previous school(s) for a reference, school report, attendance and test results prior to an offer being made.

Current school \_\_\_\_\_ Date from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous school \_\_\_\_\_ Date from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please attach a separate sheet if you need to add more information.

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13. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):

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14. Please give an outline of your child's other hobbies or interests (if applicable):

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15. 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.

Yes       No

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16. Please confirm whether your child will require school lunches.

Yes       No

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17. Please confirm whether your child will require school transport. Please be aware that there may be a waiting list for some routes.

Yes       No

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18. Please confirm how you intend to pay for your child's school fees.

Termly in advance by DD       School Fee Plan (monthly)

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19. Please say how you first heard of St Clare's School. Was it from:

Local Reputation       Present School       Friends \* (Please give details below)

Advertisement       Website       Other \* (Please give details below)

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20. Disclosures: Parents must disclose to the school in confidence

- any known medical condition, health problem or allergy affecting the Pupil;
- any history of a learning difficulty on the part of the Pupil or any member of his / her immediate family;
- any disability, special educational need or any social, emotional or mental health needs on the part of the Pupil;
- any family circumstances or court order which might affect the Pupil's welfare or happiness;
- any concerns about the Pupil's safety;
- any significant change in the financial circumstances of the Parents;
- if it is the Parents' intention that the Pupil is to be cared for and accommodated by someone who is not a close relative for a period of 28 days or more.

**Please complete and sign the declaration overleaf.**

# Declaration

I/We both have parental responsibility (ie legal responsibility for the child).

\* I/We confirm that no other person's consent is required for the child to attend the School

**OR**

\* I/We have disclosed written consent to the child joining the School from all others with parental responsibility for the child.

\* Please delete as appropriate.

If any person signing this Registration Form does not have parental responsibility for the child, please provide a brief written explanation of the relationship between that person and the child together with the name/s of all others with parental responsibility for the child.

I/We request that the name of our above-named child be registered as a prospective pupil. [A cheque for the non-returnable registration fee of £50 is enclosed.] I/We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all 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 our child, including sensitive information such as medical details, and 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.

**First Signature:** .....

**Second Signature:** .....

Name in full: .....

Name in full: .....

Relationship to the Child: .....

Relationship to the Child:.....

Date: .....

Date: .....

*At Cognita we look after your personal information and only use your personal information for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices; these are available on our website <https://www.stclares-school.co.uk/parents/school-policy-documents/>*

*If you are a prospective parent and you no longer wish to receive communications from us in the administration of your enquiry, please click here to [unsubscribe](#). If your children currently attend the school and you would like to discuss the communications you are receiving from us, please contact us directly.*

