

# Registration Form

Your child			
Surname of your child		Date of birth	
First names (underline preferred name)		Ethnicity	
Nationality	Religion		
School year of entry (e.g. Reception, Year 7)		Proposed term and year of entry (e.g. 2017, 2018)	

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

Father / legal guardian			
Surname		Title (e.g. Mr, Dr)	
First name		Occupation	
Home telephone		Work	
Email address		Mobile	
Address (including postcode)			
Employer's business name and address			

Mother / legal guardian			
Surname		Title (e.g. Mrs, Ms, Miss, Dr)	
First name		Occupation	
Home telephone		Work	
Email address		Mobile	
Address (including postcode)			
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 (e.g. Mr, Mrs, Miss, Ms, Dr)	Surname	First name	
Address (including postcode)			

### Connections with St Augustine's Priory

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.

Please indicate how you first heard of St Augustine's Priory									
<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"/>	Parish	Other (please give details)							

<b>Please state the name and address of your child's present school</b> (with dates of attendance)	
<b>Name and address of school</b>	
<b>Name of Head</b>	
<b>Head's email address</b>	<b>Dates of attendance</b>
<b>Please outline any of your child's artistic, dramatic, musical or sporting skills or experience</b> (if applicable)	
<b>Please give an outline of your child's other hobbies or interests</b> (if applicable)	
<b>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 Information Form at the back of this form</b> (if applicable)	
<b>If you have indicated that your child is a national resident of a country outside the EEA, or if you have provided a home address for correspondence outside the EEA, please note that the School is required to take steps to ascertain that your child has permission to be in the UK. 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</b> (if applicable)	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<b>Please indicate if your child is a non-EEA national</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<b>If another valid immigration category applies to your child please provide full details below</b>	

If your child has or will have a time restricted or temporary visa in any other immigration category (for example, as a dependent) please provide a copy of this when returning this form. Please note that we will be unable to process your registration until such copy documentation is provided.

Please note that we reserve the right to:

- request further information and sight of documentation in support of your declarations regarding immigration; and
- to share information with UK Visas and Immigration (**UKVI**) and the Home Office for the purposes of compliance with our responsibilities as a licenced sponsor.

By completing this registration form you hereby consent to our notifying and / or supplying information relating to your (i.e. the parents) and / or your child's right to enter, reside and / or study in the United Kingdom to UKVI and the Home Office (and to do so whether we sponsor your child or not).

**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* is on our website.

If you would like further information about how the School processes personal information, please see our privacy notice document which is an appendix to the School's *Terms and Conditions* 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 the non-refundable Registration Fee of £75 together with this completed Registration Form duly signed by me / us.

**Signatures of parents / legal guardians**

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

This application will not be taken forward unless (a) it has been completed in full and signed by all responsible parties and (b) it is accompanied by the registration fee of £75.00 (which is non-refundable) and a copy of the applicant's birth certificate/passport.

Cheques should be made payable to St Augustine's Priory.

Bank transfers should be made to: HSBC BANK PLC

Sort Code: 40-02-26

Account Number: 61084232

Account Name: St. Augustine's Priory

Reference: [Child's Initial and Surname]

INTL Bank A/C No GB42MIDL40022661084232

Branch Identifier Code: MIDLGB2106F

**Please note that at this stage a place is not guaranteed and an assessment will follow.**

Internal Use Only

Registration Fee Received	Copy Birth Certificate/Passport Received	Deposit Received
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### Confidential Information Form

All information received in this form will be treated in confidence.

<b>Child's full name</b>	
<b>Name of parent / legal guardian (1)</b>	
<b>Name of parent / legal guardian (2)</b>	

Please disclose:

- 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.

This will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.