

REGISTRATION FORM – SCHOOL ENTRY

You may register your child for the School using this form. Please return this form to the Admissions Department, along with your child's ID (passport or birth certificate).

If you would like your child to attend Nursery please complete The Chelsea Nursery Registration Form.

| | | |
|--|--|------------------------------|
| We request for a School place from: | | <i>(proposed start date)</i> |
|--|--|------------------------------|

| Your Child | | | | | |
|---|--|--------------------------------------|--|-----------|--|
| Surname: | | Gender: | | | |
| First names: | | Preferred Name: | | | |
| Nationality: | | Date of Birth: | | Religion: | |
| Child's first language: | | Additional languages spoken at home? | | | |
| Please confirm that your child has the right to study (if applicable please confirm immigration status) | | | | | |
| Have you registered your child's name at any other school(s) and if so, which? | | | | | |

| Legal Parent/Guardian | | | | | |
|---------------------------------------|--|---------------|--|-------------|--|
| Relationship to Child: | | | | | |
| Title: (e.g. Mr) | | Surname: | | First Name: | |
| Day/Work Telephone: | | Evening/Home: | | Mobile: | |
| Email address: | | | | | |
| Address: | | | | | |
| Postcode: | | | | | |
| Occupation: | | | | | |
| Employer's business name and address: | | | | | |

| Legal Parent/Guardian | | | | | |
|------------------------------|--|---------------|--|-------------|--|
| Relationship to Child: | | | | | |
| Title: (e.g. Mr) | | Surname: | | First Name: | |
| Day/Work Telephone: | | Evening/Home: | | Mobile: | |
| Email address: | | | | | |
| Address: | | | | | |
| Postcode: | | | | | |

| | |
|---------------------------------------|--|
| Occupation: | |
| Employer's business name and address: | |

Other persons with legal 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) | | Full name: | |
| Address: | | | |
| Postcode: | | | |

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 state the name and address of your child's present school (with dates of attendance), if appropriate.

| | | | |
|-----------------------------|--|---------------|--|
| Name and address of school: | | | |
| Dates of attendance: | | Name of Head: | |

Please indicate how you first heard of the school:

| | | |
|---|--|---|
| <input type="checkbox"/> Local reputation | <input type="checkbox"/> Present school | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Open Event | <input type="checkbox"/> Attended a sporting or other event on site |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other (please give details) | |

Notes:

Early registration is recommended. Registrations will be considered in the order they are received. The offer of a place is subject to availability and the admission requirements/eligibility criteria of Park at the time the offer is made. A copy of the School's *Terms and Conditions* will be supplied on request and is available in the School website.

DECLARATION

I / We request that my/our child be 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 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. The Privacy Notice is available from the School Office or from the School website.

I / We enclose this completed Registration Form duly signed by me / us and confirm payment of the non-refundable Registration Fee of **£200**.

BACS Payments to:

Account Name: Forfar Chelsea Limited
Bank: Santander
Bank Sort Code: 09-02-22
Account Number: 11061052
Swift Code: ABBYGB2LXXX
IBAN No: GB95 ABBY 0902 2211 0610 52

| | Parent | Parent |
|-----------------------|--------|--------|
| Signature | | |
| Name in full | | |
| Date of birth | | |
| Relationship to child | | |
| Date | | |

REGISTRATION FORM – SCHOOL ENTRY

Medical & Development Information Form

Child's Full Name:

Date of Birth:

Under the School's Accelerated Learning Policy please disclose:

- any medical condition (including any long-term medication), health problem or allergy affecting your child
- any learning difficulty, disability, or special educational need of him / her, as well as any behavioural, emotional, language and / or social difficulty
- any other concerns you have

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

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

Telephone: _____

Child's Doctor's Surgery:

- | | | |
|--|------------------------------|---|
| Does your child use an inhaler? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does your child use an EpiPen? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does your child have a visual impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> (if yes, please give details) |
| Does he/she wear glasses? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does your child have any hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> (if yes, please give details) |

Does your child have any special dietary requirements (religious or medical) or diagnosed food allergies?

YES NO
(if yes, please give details)