



COTTESMORE SCHOOL

REGISTRATION FORM

YOUR CHILD

Surname of your child:											
First names: (underline preferred name)											
Boy	<input type="checkbox"/>	Girl	<input type="checkbox"/>	Other:							
Date of birth:						Place of birth:					
Nationality:				Ethnic background:				Religion:			
Passport number:											
Is English your child's first language? (if not, please state their first language)											
The School is currently a Child Student Visa sponsor (via the Home Office's <i>UK Visas and Immigration</i> (UKVI) unit). Please tick this box if you require the School to sponsor your child for visa/immigration purposes. <i>(The School reserves full discretion over any decision whether or not to sponsor your child.)</i>										<input type="checkbox"/>	
Proposed Term and Year of Entry:											

PARENT'S DETAILS

Relationship to child	Father*	Mother*
Title:		
Full name:		
Address:		
Occupation:		
Business name/address:		
Nationality:		
Marital status:		
Home number:		
Work number:		
Mobile number:		
E-mail address(es):		

*If you have parental responsibilities for the child in a capacity other than as a parent, please state your relationship to the child here (*and provide further details*):

Please give details of any additional addresses and/or contact details as appropriate (*e.g. UK base for parent(s) working overseas*):

OTHER PEOPLE WITH RESPONSIBILITIES (GUARDIANS / AGENTS)

Please provide the name(s) and current address(es) of any other person with responsibility for the above named child. **MUST BE FILLED IN.**

Relationship to applicant:		
Title:		
Full Name:		
Mobile Number:		
E-mail Address:		
Address:		

GRANDPARENTS' DETAILS

Title:				
Full Name:				
Mobile Number:				
E-mail Address:				
Address:				

CONNECTION WITH THE SCHOOL

Please mention here the names of any other members of the family attending the School or who are registered for entry; or any other connection with the School.

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PLEASE INDICATE HOW YOU FIRST HEARD OF THE SCHOOL

Recommendation <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	Search engine (Google) <input type="checkbox"/>	Advertisement (online/printed) <input type="checkbox"/>
Social media <input type="checkbox"/>	School website <input type="checkbox"/>	Other:	

PLEASE STATE THE NAME AND ADDRESS OF YOUR CHILD'S PRESENT SCHOOL

(with dates of attendance)

Name and Address of School:	
E-mail Address of School:	
Name of Head:	
Dates of Attendance:	
Senior School(s) you are interested in:	

Please provide us with details of any medical condition, health problem or allergy affecting your child (if applicable).

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Does your child have a disability or any special educational needs (including any that may require learning support) of which the School should be aware and which might require reasonable adjustments to be made either at this stage or once they join the School? *(Please tick as appropriate).*

Yes (please give details below)		<input type="checkbox"/>	No	<input type="checkbox"/>	
ADHD	<input type="checkbox"/>	Allergies <i>(please specify below)</i>	<input type="checkbox"/>	Asperger's Syndrome	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you have ticked any of the above boxes, please give or indicate further details below and provide any supplementary information or materials that is/are current and/or relevant (e.g. a copy of an Education Psychologist's report, details of current access arrangements for examinations and/or levels and frequency of extra support in school).

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* will be supplied on request.

Declaration

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the School (through the Head, as the person responsible) 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 offered, in order to safeguard and promote the welfare of the child.

I / We enclose the non-refundable Registration Fee of £150 together with this completed Registration form duly signed by me / us and a **copy of our child's passport and birth certificate**.

I / We enclose a copy of **Parental Passports**.

If parents are divorced or separated, both parents are required to consent to the application.

SIGNATURES OF PARENTS / LEGAL GUARDIANS		
	First Parent / Legal Guardian	Second Parent / Legal Guardian
Signature:		
Name in Full: (please include all names)		
Date of Birth:		
Relationship to Child:		
Date:		