

ST PIRAN'S SCHOOL REGISTRATION FORM

SURNAME _____ FORENAMES _____

KNOWN AS _____ BOY/GIRL _____ Is he/she in normal health? _____

DATE OF BIRTH _____ NATIONALITY _____ RELIGION _____

YEAR GROUP APPLYING FOR _____ TERM AND YEAR OF ENTRY _____

FORMER SCHOOLS (with dates) _____ HEADTEACHER _____

WHICH PARENT DOES THE CHILD LIVE WITH? Mother _____ Father _____ Both _____ Other _____

WHO HAS LEGAL CONTACT WITH THE CHILD? Mother _____ Father _____ Both _____ Other _____

WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD? Mother _____ Father _____ Both _____ Other _____

<p>MOTHER (Forenames and Surname)</p> <p>_____</p> <p>ADDRESS _____</p> <p>_____</p> <p>_____</p> <p>POSTCODE _____</p> <p>TEL (HOME) _____</p> <p>TEL (WORK) _____</p> <p>MOBILE _____</p> <p>EMAIL _____</p> <p>OCCUPATION _____</p>	<p>FATHER (Forenames and Surname)</p> <p>_____</p> <p>ADDRESS _____</p> <p>_____</p> <p>_____</p> <p>POSTCODE _____</p> <p>TEL (HOME) _____</p> <p>TEL (WORK) _____</p> <p>MOBILE _____</p> <p>EMAIL _____</p> <p>OCCUPATION _____</p>
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This Registration Form does not give rise to any commitment by the School to accept this application for a place at the School. **I/We enclose a cheque made payable to St Piran's School/ have made a bank transfer quoting my child's name for £100 in respect of the Registration Fee.** (Bank details - St Piran's School Ltd, A/N 80032182, S/C 20 71 14)

On confirmation of acceptance of a place, a deposit of £500 becomes payable. The deposit is held against any disbursements when the pupil leaves at the end of Year 6.

Please see our Admissions Procedures overleaf and complete the Accessibility/Medical Information.

Signed * (Parent/Guardian) Signed * (Parent/Guardian)

We acknowledge that The School, as a registered Data Controller, will process personal data about us and our child, including special categories of personal data such as medical details. We consent to the processing of our data and our child's data. For further information on how the School uses your data, please refer to the Data Protection Policy and Privacy Notice for Parents which are available on the School website.

Date of application

*If there are two parents or guardians, both should sign.
 Completed Registration Forms should be sent, with the Registration Fee, to the Registrar, St Piran's School, Gringer Hill, Maidenhead, Berkshire SL6 7LZ.

Admission Procedures

Registration

The School will consider each application for registration made on the School’s registration Form so long as the correct registration fee has been paid. The registration fee is non-returnable, whether or not the application for registration is successful.

Waiting List Place

If the School accepts an application for registration, the parent will be informed by letter. This ensures that a place will be held for the child on the waiting list. The Contract to accept a child as a pupil will not be made on receipt of a registration fee and form. Siblings of current pupils are given priority on the waiting list.

Formal Offer

The formal offer to accept the child as a pupil is conditional upon the Headmaster having evidence through interview and/or testing, or a report from the previous School, that the child has reached an appropriate standard both academically and socially. Once the Headmaster is satisfied that these conditions have been fulfilled, a deposit will then become payable and a Contract will be made on valid acceptance by the parent of a formal offer of a place at the School. The deposit will not be returnable if the guaranteed place is not taken up. It is held against any disbursements when the pupil leaves at the end of Year 6. The School places a high value on continuity of education for children in the Nursery, Lower and Middle parts of the school. Therefore parents should note that the deposit is not refundable if the pupil is withdrawn from either the Nursery, Lower or Middle School.

ACCESSIBILITY FORM

Confidential

Please complete this form for your child at the time of registration to school. **We ask you to include details of any auxiliary aids that your child might need.** In assessing your child the school may take such advice and require such assessments as it regards appropriate. Subject to this the school will be sensitive to any requests for confidentiality.

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MEDICAL INFORMATION

Does your son/daughter have any allergies, including plasters, hayfever etc?

Any Treatment:

Does he / she have any food allergies/dietary requirements?

Name of Child: D.O.B.....

Signed: Date:
(Parent/Guardian)