

REGISTRATION FORM
(Request for a place at The Croft Preparatory School)

1. Surname of your child:

First names:

(Please underline the name generally used)

Date of birth:

Nationality:

First Language:

Second Language:

Proposed Term and Year of Entry:

Ethnic origin:

Michaelmas 20____ Lent 20____ Summer 20____

2. **Father's details**

Title:

Full name:

Address:

Occupation:

I consent to the School processing this information:

(i) Please note that providing details of your occupation is entirely voluntary. This information, if provided, may be used by the school to ask for parental help related to specific projects or areas of the curriculum, eg 'people who help us' or STEM events. If you have provided this information, please tick above to indicate your consent for us to hold this information. You may withdraw your consent at any time. Please see the School's Privacy Notice - Parents and Pupils for further details on your rights.

Home Telephone

Mobile number:

Email:

Work Telephone number:

3. **Mother's details**

Title:

Full name:

Address:

Occupation:

I consent to the School processing this information:

Home Telephone number:

Mobile number:

Email:

Work Telephone number:

4. 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.

5. Please say how you first heard of the School. Was it from:

Local reputation

Present school

Advertisement

Friends

Other (please give details)

6. Please give the name and address of the present school or pre-school:

Entry date:

Name of Head:

7. Email address to be used for billing

8. Please identify any medication currently being taken by your child.
Please give details in a covering letter

9. To the best of your information and belief does your child have any Special Educational Need or Disability for which we need to make special provision? Yes No

If 'Yes' please give details in a covering letter.

10. Has your child ever seen an outside professional such as an occupational therapist, speech and language therapist, educational psychologist, specialist optometrist, audiologist, paediatrician etc? Yes No

If 'Yes' please give details in a covering letter and include relevant reports.

11. Has your child ever had an Individual Education Plan (IEP) Yes No

If 'Yes' please supply a copy

Notes

Early registration is recommended. Registrations will be considered in the order they are received, but priority may be given to siblings. 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 of Admission will be supplied on request.

DECLARATION

The answers given to Questions 1 – 11 above are true and accurate and 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 £75.00 is enclosed. An original copy of our child's birth certificate is enclosed (the School regrets that photocopies are not acceptable). 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. We understand also that the School (through the Headmaster, 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**

Print name Print name

Relationship to the Child Relationship to the Child

Date Date

Enclosed: £75 Registration Fee Birth Certificate

Please complete this registration form and return it to Mrs Sally Jeffcoate, The Croft Preparatory School, Alveston Hill, Stratford-upon-Avon, CV37 7RL. Or email: SallyJeffcoate@croftschool.co.uk
Contact telephone number: 01789 293795