**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Child** | | | | | | | | | | | | |
| **Surname of your child** | | | | |  | | | |  | | | |
| **First name(s)** (underline preferred name) | | | | |  | | | |  | | | |
| **Date of birth** |  | | | **Nationality** | | |  | **Religion** | | | |  |
| **Type of place** (please tick) | | | | | | | | | | | | |
| 🞎 Nursery | | | 🞎 Infant | | | | 🞎 Junior | | | | 🞎 Senior | |
| **Proposed term and year of entry** | | | | |  | | | | | | | |
| **Have you registered your child’s name at any other school(s) and if so, which?** | | | | |  | | | | | | | |
| **Mother/Legal Guardian** | | | | | | | | **Father/Legal Guardian** | | | | |
| **Title** (eg Mrs, Ms, Mr) | |  | | | | | |  | | | | |
| **Full name** | |  | | | | | |  | | | | |
| **Telephone Home** | |  | | | | | |  | | | | |
| **Work** | |  | | | | | |  | | | | |
| **Mobile** | |  | | | | | |  | | | | |
| **E-mail address** | |  | | | | | |  | | | | |
| **Home address** | |  | | | | | |  | | | | |
| **Postcode** | |  | | | | | |  | | | | |
| **Occupation** | |  | | | | | |  | | | | |
| **Employer’s name and address** | |  | | | | | |  | | | | |
| **Employer’s business** | |  | | | | | |  | | | | |
| **Other people with parental responsibility**  **Please provide the name(s) and current address(es) of any other person with parental responsibility (ie 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** | | **Full Name** | | | | | | | | | | |
| **Address** (including postcode) | |  | | | | | | | | | | |
| **Connections with the School**  **Please give the names of any other members of the family attending the School or registered for entry; or any other connection with the School. If Mother/Father/Legal Guardian is a former pupil, please give dates, surname while a pupil and House.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please indicate how you first heard of Argyle House School** | | | | | | | | | | | | |
| 🞎 Local reputation | | | 🞎 Present school | | | | 🞎 Friends | | | | 🞎 Advertisement | |
| 🞎 Website | | | 🞎 Other (please give details) | | | | | | | | | |
| **Please state the name and address of the present school (with dates of attendance)** (if applicable) | | | | | | | | | | | | |
| **Name and address of school** | |  | | | | | | | | | | |
| **Telephone number** | |  | | | | **Name of Head** | | | |  | | |
| **Dates of attendance** | |  | | | | | | | | | | |
| **Please outline any of your child’s artistic, dramatic, musical or sporting skills or experience** (if applicable) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please give an outline of your child’s other hobbies or interests** (if applicable) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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** (if applicable) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**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.

**Declaration**

I/We request that our child named on the first page of this form is registered as a prospective pupil.

I/We understand that the School (through the Head Teacher, 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 later offered, in order to safeguard and promote the welfare of our child.

I/We enclose the non-refundable Registration Fee of £50 together with this completed Registration Form, duly signed by me/us.

I/We understand that a term’s notice in writing on the first day of the last term prior to notice is required or, failing this we agree to pay a term’s fee.

**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** |  |  |

**Ethnicity Information**

We are required to provide information about the ethnic background of all pupils to the Department for Education and the Independent Schools’ Council. The information will only be used in connection with our statistical returns. The groups are presented in the format required on our returns.

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision.

Please study the list below and tick one box only to indicate the ethnic background of the pupil named in the Registration Form attached to this form. Please also tick whether a parent or the pupil filled in the form.

|  |  |
| --- | --- |
| **Name of pupil** |  |
| **This information was provided by** 🞎 Parent 🞎 Pupil | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity:** Please tick the relevant box below | | | |
| **White** | | **Black or Black British** | |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Any Other White Background |  | Any Other Black Background |  |
| **Asian or Asian British** | | **Mixed** | |
| Indian |  | White and Black Caribbean |  |
| Pakistani |  | White and Black African |  |
| Bangladeshi |  | White and Asian |  |
| Any Other Asian Background |  | Any Other Mixed Background |  |
|  | | | |
| Chinese |  | Any Other Ethnic Background |  |

|  |
| --- |
| **Main Language spoken at home:** |

Does either parent need a visa to work in the UK? YES/NO (delete as appropriate)

If yes, does the pupil have a ‘Dependent Via’ linked to their parent’s visa? YES/NO

The following information is also required for our statistical returns:

Does either parent live outside the UK? YES/NO

(if yes, state normal country of residence) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is either parent a member of HM Forces? YES/NO

Please return this form to the School with your completed Registration Form.