



CONFIDENTIAL REGISTRATION FORM

(Confirming interest in a place. Please ensure ALL sections of this form are fully completed)

Proposed Term and Year of Entry: Autumn / Spring / Summer 20____

To join: **Year 7** by 11+ ____ or by 10+ pre-test ____ OR **Year 9** by 12+ ____ or by 11+ pre-test ____ OR **Year 12** ____

Surname of your child:.....

First Names: *(please underline the name generally used)*

Date of Birth: Nationality: Religion:.....

Son's first language: languages normally spoken:.....

Have you registered your child's name at any other school(s) and if so, which?

Son's Residential Address:.....

Please outline any of your son's artistic, dramatic, musical or sporting skills or experience and any other hobbies or interests:

Please provide us with details of any medical condition (including allergies) and any learning, behavioural, emotional or physical difficulties or disabilities known.

School reports indicating difficulty with: spelling handwriting coordination reading

Please provide details of any Learning / Additional support: support in class small group 1:1 tuition

Please indicate what (if any) special conditions are required for your child's participation in our Entrance Examination:

If an Educational Psychologist's report is available please confirm here and attach a copy to this form.

Please state the name and address of the present school and any previous schools:

Present School: Name of Head:

Address: Dates:

Previous School: Name of Head:

Address: Dates:

Is the current school aware of this registration? Yes No

Please mention here the names of any other members of family attending the School or registered for entry, or any other connection with the School:.....

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

Recommendation Present School ISIS Website Schools' Directory

Advertisement *(please state where)* Other: *(please give details)*.....

Title and Name in Full:	Title and Name in Full:
Relationship to the Child:	Relationship to the Child:
Address:	Address:
Postcode:	Postcode:
Email Address: <i>(please print)</i>	Email Address: <i>(please print)</i>
Mobile:	Mobile:
Daytime Telephone:	Daytime Telephone:
Evening Telephone:	Evening Telephone:
Occupation:	Occupation:
Employer/Business Name and Address:	Employer/Business Name and Address:

Please indicate if you intend to make an application for the award of a Bursary: Yes No

In registering your child for a place at this School, you are confirming that all fees payable by you to your child's current and any previous schools have been paid and that you understand that we may contact your child's current or previous schools to seek confirmation of this.

NOTES

Early registration is recommended. Offers of places are subject to availability and to the admission requirements of the School at the time offers are made. Preference will be given to siblings and children of ex-pupils but this priority cannot be effected where a definite place has been agreed between the School and other candidates. A copy of the current edition of the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our child entered overleaf be registered as a prospective pupil. **We have enclosed:**

- Our son's **most recent full school report**
- Cheque made payable to 'St James Schools' for the non-refundable registration fee of £125**
- Two passport photographs with our son's name and date of birth written on the reverse**

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 Head, as the person responsible) may obtain, process and hold personal information about our son, 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 our son.

First signature: Second signature:.....

Name in full: Name in full:.....

Date: Date:.....

Data Protection: The personal information provided by you on this form will be used by St James and any other authorised persons for the purpose of entrance to the school. The information you submit will normally be kept on the School's admissions records for 6 months if your son is not offered a place. After this time information held will be destroyed. However, if your son is successful and joins the school, the information will be used as part of their school record and will be held on paper and/or electronically. The information supplied is subject to relevant provisions of the Freedom of Information Act 2000 and the Data Protection Act 1998 and may be subject to verification by relevant agencies, organisations and/or individuals.

Church Road, Ashford, Surrey TW15 3DZ | **Tel:** 01784 266933 | **Email:** admissions@stjamesboys.co.uk | www.stjamesboys.co.uk