



## REGISTRATION FORM

Please complete this form in BLOCK CAPITALS and return to the Registrar with the Registration Fee of £50 payable by:

- Cash
- Cheque (made payable to Hollygirt School)
- Bank transfer (Lloyds Bank / Account Name: Hollygirt School / Sort Code: 30-96-18 / Account No: 43567760)  
(Please quote your child's name as a reference)

Early registration is recommended. Registrations will be considered in the order that they are received.

1. CHILD DETAILS			
Surname:			
First Names:	<input type="checkbox"/> Girl <input type="checkbox"/> Boy		
Preferred Name:	Date of Birth:		
Nationality:	Religion:		
Proposed Year of Entry:	Proposed Term of Entry:	Autumn / Spring / Summer	

2. PARENT/GUARDIAN DETAILS			
<b>Relationship to Child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other.....			
Title:			
Surname:			
First Names:			
Address and Post Code:			
Date of Birth:	Occupation:		
Home Telephone:	Mobile:		
Work Telephone:			
Email Address:			
<b>Relationship to Child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other.....			
Title:			
Surname:			
First Names:			
Address and Post Code:			
Date of Birth:	Occupation:		
Home Telephone:	Mobile:		
Work Telephone:			
Email Address:			

3. ADDITIONAL INFORMATION
<p>Please mention the names of any family members who have attended Hollygirt, are registered for entry, or any other connection you have with the school:</p> <p>.....</p> <p>How did you <u>first</u> hear of Hollygirt School?</p> <p><input type="checkbox"/> Local reputation <input type="checkbox"/> Present School <input type="checkbox"/> Friends <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Other (please give details below)</p> <p>.....</p> <p>Have you registered your child's name at any other school(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please indicate which:</p> <p>.....</p>

#### 4. CURRENT SCHOOL

Please provide us with details of your child's current school:

Name of School:	
Headteacher:	
Address:	
Attended since:	

#### 5. MEDICAL HISTORY / EDUCATIONAL SUPPORT

Has your child been diagnosed with any of the following conditions?

Dyslexia    Autism    Dyspraxia    Asperger's Syndrome

Are you in receipt of an Educational Psychologist's report for any of the above?    Yes    No

Any known assessments have been disclosed to the school    Yes    N/A   *(Copy to be submitted)*

Does your child have any of the following?

Asthma    Epilepsy    Diabetes    Hearing Impairment    Visual Impairment    Physical Impairment

Does your child have any allergies?    Yes    No

If 'Yes', please specify .....

Is English your child's first language?    Yes    No   If 'No', please specify your child's first language .....

Please specify below if there is anything else the school should be made aware of:

.....

#### 6. DECLARATION

*Please tick*

- We request that our child be registered as a prospective pupil. They have the right to study in the UK.
- Payment of the non-returnable Registration Fee of £50 has been deposited / enclosed.
- We understand that the 'Standard 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. A copy is supplied upon offer of a place.
- I consent to the school (through the Headmistress, as the person responsible) obtaining, processing and holding personal information about our child, including sensitive information such as medical details, for the purposes of safeguarding and promoting the welfare of our child.

<b>First Signature:</b>		<b>Second Signature:</b>	
<b>Name in Full:</b>		<b>Name in Full:</b>	
<b>Relationship to Child:</b>		<b>Relationship to Child:</b>	
<b>Date:</b>		<b>Date:</b>	

Each person with parental responsibility for the named child is required to sign this Registration Form.