

Registration Form

to be completed by parent or guardian

Please Use Block Capitals

Nursery Junior School (4-11) Senior School (11-16) Sixth Form (tick as appropriate)

Student's Details

Surname of child

First names (in full)

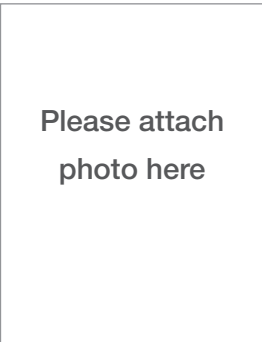
Name generally used

Date of birth Day.....Month.....Year..... Boy Girl

Nationality

Registration for Day Boarding

Proposed date of admission (month and year) /



Parents' Details

Father

Mother

Title

.....

Name

.....

Address 1

.....

Address 2

.....

Address 3

Postcode

.....

Postcode

Occupation

.....

Nationality

.....

Home Tel

.....

Work Tel

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Mobile

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E-mail

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Fax

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Guardians (Please note that the appointment of a Guardian is compulsory if both parents are non-UK resident):

Full name and address of Guardian, if applicable:

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.....

Guardian Contact Numbers:

Home Tel Work Tel
Mobile E-mail

Current School (if applicable)

Please state name and address of current school:

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.....

Head's Name

Head's Contact Number

Type of School (primary, prep, etc)

Date of entry into current school Month Year

It would be useful at this stage to enclose a recent school report with the Registration Form

Medical Conditions

Are there any circumstances relating to your child of which the School should be aware?

Please tick as appropriate:

ADHD Allergies Aspergers Syndrome
Autism Dyslexia Dyspraxia
Hearing impairment Visual impairment
Autistic Spectrum Disorder Speech and Language Difficulties

Other:

Please enclose the most recent reports relevant to any of the above conditions that apply

If a detailed, one-to-one assessment by our Educational Consultant is required, a fee of £150 will be payable for this service

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

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Declaration

We request that the name of the above-named child be registered as a prospective pupil AND we enclose a cheque for the non-refundable Registration Fee of £50 made payable to St Christopher School.

We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School;
2. the School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
3. in the event that our child is offered a place at the School, such an offer will be subject to the School's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.

First signature Second signature

Name in full Name in full

.....
.....

Relationship to child Relationship to child

Date Date

Name and Address where invoice is to be sent

Name

Address

.....

Signature and name of any additional person responsible for fees (confirming that they agree to abide by the School's Terms and Conditions):

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Who should receive a copy invoice?

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A copy of the current edition of the standard terms and conditions is available on request. Please complete and return this form, together with any relevant reports and the Registration Fee of £50 per child to:

**The Registrar, St Christopher School, Letchworth Garden City, Hertfordshire SG6 3JZ.
T: 01462 650947 F: 01462 481578 E: admissions@stchris.co.uk
www.stchris.co.uk**