# **Registration Form**

Please complete this form in as much detail as possible in BLOCK CAPITALS and black ink. We need this information to be able to process your application for a place for your child. Information which is mandatory for you to provide is indicated below by a \*. If you do not complete the mandatory sections in full this may jeopardise or delay your application. Please submit the form, along with the completed Confidential Information Form, a copy of your child's full birth certificate, passport, and the £75 Registration Fee.



Your child  Summer of your child*  First name of your child*  First names* (underline preferred name)  Date of binth*  Gender   M   F   Religion   First Language  Type of place* (please tick)    Nursery (3+)   Reception (4+)   Year 1 (5+)   Year 2 (6+)   Year 3 (7+)   Year 4 (8+)   Year 5 (9+)   Year 6 (0+)  Proposed term and year of entry*   Autumn   Spring   Summer   Year 2 0    Nationality  Is your child British or Swiss or from a country within the European Economic Area?*   Yes   No  If you answered No above please state your children's nationality.  First signatory   Second signatory  Title* (e.g. Miss, Mrs, Ms, Mr)   Title* (e.g. Miss, Mrs, Ms, Mr)  Full name*   Full name*   Full name*    Relationship to child*   Relationship to child*    Contact telephone number*   Contact telephone number*    Fevening (f different)   Mobile (f different)    Mobile (f different)   Email address*   Fostode    Occupation   Contact telephone number   Contact telephone number*    Femal address*   Employer's business name and address   Employer's business name and address    Employer's business name and address   Employer's business name and address    Other people with parental responsibility*    Please provide the name(s) and current address(se) of any other person with parental responsibility (i.e. legal responsibility) for the above name of hild. Its may be a legal guardian or step parent, and their consent to the child attending the School will be required if an offer of a place to made.  Title   Full name   Contact telephone    National Contact telephone   Contact telephone    First Language    Near 2 (9+)   Year 4 (8+)   Year 4 (8+)   Year 20    Near 20   Year 5 (9+)   Year 4 (8+)   Year 20    National Contact telephone   Year 20    National Contact telephone   Vera 20    National C	your child's full birth certificate, passport, and the £/5 Regis	stration Fee.	
Prest names" (underline preferred name)	Your child		
Detc of birth*   Gender   M.   F   Religion   First Larguage    Type of place* (please tick)   Reception (4t)   Reception (4t	Surname of your child*		
Type of place* (please tick)    Nursery (3*)   Reception (4*)   Year 1 (5*)   Year 2 (6*)   Year 3 (7*)   Year 4 (8*)   Year 5 (9*)   Year 6 (10*)  Proposed term and year of entry*   Autumn   Spring   Summer   Year 20    Nationality  Is your child British or Swiss or from a country within the European Economic Area?*   Yes   No    If you answered No above please state your children's nationality.  First signatory   Second signatory    Title* (e.g. Miss, Mrs, Ms, Mr)   Title* (e.g. Miss, Mrs, Ms, Mr)    Full name*   Full name*   Relationship to child*    Contact telephone number*   Evening (if different)    Mobile (if different)   Mobile (if different)    Email address*   Address*   Address*    Postcode   Postcode   Postcode    Occupation   Occupatio	First names* (underline preferred name)		
Nursery (3+)   Reception (4+)   Year 1 (9+)   Year 2 (6+)   Year 3 (7+)   Year 4 (8+)   Year 5 (9+)   Year 6 (10+)	Date of birth* Gender ☐ M	☐ F Religion First Language	
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	Address	·	
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Please state the name and address of your child's present school/nursery (if applicable)  Name and address of school/nursery*					
Dates of attendance* N	ame of Head*				
Connections with the Foundation					
Please mention here the names of any other members of the family schools (Warwick School or King's High School); or any other connemember of staff at the Foundation and in what capacity.					
Have you registered your child's name at any other	school(s) and if so, which? YES/NO	)			
If YES, which school(s)?					
Does your child have any siblings? YES / NO					
Sibling 1 Name D	ate of Birth	M / F			
School attended					
Sibling 2 Name D	ate of Birth	M / F			
School attended					
Sibling 3 Name D	ate of Birth	M / F			
School attended					
Please outline any of your child's artistic, dramatic, n	nusical or sporting skills or experienc	e (if applicable)			
Please give an outline of your child's other hobbies	or interests (if applicable)				
Is your child affected by (please circle either Yes or NO)					
<ul> <li>any medical condition, health problem or allergy?</li> </ul>	YES / NO If you have answered YES p	lease provide any			
any learning difficulty, disability, or special educational need?	YES / NO necessary details on a sepa	rate sheet.			
any behavioural, emotional and / or social difficulty?	YES / NO				
Please confirm whether your child will require spons in order to obtain a visa to study in the United Kingo		□No			

#### 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. A copy of the Foundation's Terms and Conditions will be supplied on request. When your child moves onto any of the schools within Warwick Independent Schools Foundation, then no further Registration Fees will be payable.

### How we will use the information provided in this form

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

For example:

- a) we may contact your child's current or previous school to ask for a reference;
- b) we may ask for information about other schools to which you are applying because they may hold their entrance exam on the same day as ours:
- c) we may contact other people with parental responsibility to check that they consent to your child joining the School;
- d) the Confidential Information Form will be used to ensure that we have made any reasonable adjustments/suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;
- e) we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are published on the School's website: www.warwickprep.com/School-and-Foundation-Policies

#### Declaration

- I / We request that our child named above is registered as a prospective pupil.
- I / We understand that the Foundation or the School (through the Head, 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 Foundation or 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 the child.
- I / We enclose the non-refundable Registration Fee of £75 together with this completed Registration Form duly signed by me / us.

Signatures of parents / legal guardians (both signatures required unless another arrangement has been made with the school)					
	First parent / legal guardian	Second parent / leg	gal guardian		
Signature  Name in full (please include all names)					
Date of birth					
Relationship to child					
Date					
Please indicate how you fi	rst heard of the School (please tick all rel	evant boxes)			
☐ Local reputation	☐ Recommendation – Friends/Family	☐ School Website	☐ Social Media		
□ Advertisement	☐ Open Event	☐ Used to be a pupil			
☐ Passing school/signage	☐ Holiday Action	☐ Other			

## **Confidential Information Form**

All information received in this form will be treated in confidence.

Child's full name
Name of first signatory (as appears on the Registration Form)
Name of second signatory (as appears on the Registration Form)
Please disclose any medical condition, health problem or allergy affecting your child.
If applicable to your child, it will also help us plan for their arrival, if you can let us know of any:
Learning Difficulty Special Educational Need Disability Behavioural, Emotional and/or Social Difficulty
The information provided in this form will enable the School to consider any adjustments that it may need to make to assist your children when he/she enters the school.
Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.
The information requested on this form is needed because the School has contractual and statutory duties towards your child. For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are provided with the letter of offer and published on the School's website:  www.warwickprep.com/School-and-Foundation-Policies
Enclosures with completed Registration Form:
Registration fee of £75 (call the Finance Department on 01926 735414 and make a payment over the phone or alternatively you can pay by BACS;  Account number: 00731875  Sort code: 309915  Account name: Warwick Prep Fees account  Bank: Lloyds  Please can you put your child's full name as the reference)  Copy of full birth certificate which lists both parents
□ Confidential Information Form
□ Passport

Once you have completed this form please return it to:

Marketing and Admissions Department, Warwick Preparatory School, Banbury Road, Warwick, CV34 6PL.