

Registration form

Request for a place on the waiting list



St Augustine's
PRIORY

Your child

Surname of your child

Date of birth

First names

Ethnicity

(underline preferred name)

Nationality

Religion

School year of entry

Proposed term and year

(e.g. Reception, Year 7)

of entry (e.g. 2018, 2019)

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

Mother / legal guardian

Surname

Title (e.g. Mrs, Ms, Miss, Dr)

First name

Occupation

Day-time telephone

Evening

Mobile

Email address

Address

(including postcode)

Employer's business name
and address

Father / legal guardian

Surname

Title (e.g. Mr, Dr)

First name

Occupation

Day-time telephone

Evening

Mobile

Email address

Address

(including postcode)

Employer's business name
and address

Connections with St Augustine's Priory

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.

Please indicate how you first heard of St Augustine's Priory

- Local reputation Present school Friends Advertisement Website Parish
- Other (please give details)

Siblings

Does the Applicant have siblings? Yes / No

Number of siblings:

Names and Date(s) of Birth of Siblings:

Name(s) of sibling(s) attending St Augustine's Priory or on waiting list:

Please state the name and address of your child's present school (with dates of attendance)

Name and address of school

Name of Head

Head's email address

Dates of attendance

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (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, using the attached Confidential Information Form at the back of this form (if applicable)

If you have indicated that your child is a national resident of a country outside the EEA, or if you have provided a home address for correspondence outside the EEA, please note that the School is required to take steps to ascertain that your child has permission to be in the UK.
Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School (if applicable)

- Yes No

Please indicate if your child is a non-EEA national

- Yes No

If another valid immigration category applies to your child please provide full details below

If your child has or will have a time restricted or temporary visa in any other immigration category (for example, as a dependent) please provide a copy of this when returning this form. Please note that we will be unable to process your registration until such copy documentation is provided.

Please note that we reserve the right to:

- request further information and sight of documentation in support of your declarations regarding immigration; and
- to share information with UK Visas and Immigration (UKVI) and the Home Office for the purposes of compliance with our responsibilities as a licenced sponsor.

By completing this registration form you hereby consent to our notifying and / or supplying information relating to your

(i.e. the parents) and / or your child's right to enter, reside and / or study in the United Kingdom to UKVI and the Home Office (and to do so whether we sponsor your child or not).

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 School's Terms and Conditions is on our website. If you would like further information about how the School processes personal information, please see our privacy notice document which is an appendix to the School's Terms and Conditions published on our website.

Declaration

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the School 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 I / 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 £100 together with this completed Registration Form duly signed by me / us.

Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Name in full PRINT NAME (please include all names)		
Signature		
Relationship to child		
Date	<input type="checkbox"/> Cheque enclosed	<input type="checkbox"/> Paid via Bank transfer

This application will not be taken forward unless (a) it has been completed in full and signed by all responsible parties and (b) it is accompanied by the registration fee of £100.00 (which is non-refundable) and a copy of the applicant's birth certificate/passport.

Cheques should be made payable to St Augustine's Priory.

Bank transfers should be made to:

HSBC BANK PLC
Sort Code: 40-02-26
Account Number: 61084232
Account Name: St. Augustine's Priory
Reference: [Child's Initial and Surname]

If paying from abroad

IBAN: GB79HBUK40022661084232
BIC8: HBUKGB4B
BIC11: HBUKGB4106F

Please note that at this stage a place is not guaranteed and an assessment will follow.

Internal Use Only

Registration Fee Received **Copy Birth Certificate/Passport Received** **Deposit Received**

Confidential Information Form

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

Child's full name

Name of parent / legal guardian (1)

Name of parent / legal guardian (2)

Please disclose:

- 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.

This will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when 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.