Registration form



Your child		
Surname of your child	Date of birth	
First names (underline preferred name)	Ethnicity	
Nationality	Religion	
School year of entry (e.g. Reception, Year 7)	Proposed term and year of entry (e.g. 2020, 2021)	

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 tick one or more of the following:

Please indicate how you first heard of St Augustine's Priory:				
Local reputation Present school a frien Other (please give details)	d Advertisement Website Parish			
Did you choose this school because:				
You have another daughter here You attended the school Reputation (Academic Record) Reputation for pastoral care It is a Catholic School Atmosphere at an Open Event				
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 scho	ol (with dates of attendance)			
Name and address of school				
Name of Head				
Head's email address	Dates of attendance			
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				
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.	 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 			
Please note that we reserve the right to: • request further information and sight of documentation in	(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).			
Please indicate if your child is a non-EEA national				
Yes No				
If another valid immigration category applies to your child plea	ase provide full details below			

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. All information received in this form will be treated in confidence.
Please disclose:
 medical condition, health problem or allergy affecting your child learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty. If your child has had a Dyslexia assessment, Ed Psych assessment or similar, please do enclose the report with this registration form.
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.

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 guardia	ns			
	First parent / legal guardian	Second parent / legal guardian		
Name in full PRINT NAME (please include all names)				
Signature				
Relationship to child				
Date	Cheque enclosed	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 S	St Augustine's Priory.			
Bank transfers should be made to: BARCLAYS BANK Sort Code: 20-00-00 Account Number: 03589781 Account Name: St. Augustine's Priory Reference: [Your daughter's surname]	If paying from abroad: IBAN: GB20BARC200000 Barclays SWIFTBIC: BARC0			
Please note that at this stage a place is not guaranteed and an assessment will follow.				
Internal Use Only				
Registration Fee Receive	d Copy Birth Certificate/Pass	port Received Deposit Received		