



St. Margaret's Preparatory School, Gosfield Hall Park, Gosfield, Halstead, Essex CO9 1SE

Registration Form

• • • • • •	1_	Surname of Your Child:					
		First Names:					
		(Please underline the name generally used)					
		Date of Birth:	Nationality:		Religion:		
		Child's gender (please tick):	Male	Female			
		Proposed Term and Year of Entry					
		Have you registered your child's name at any other school/s and if so, which?					
• • • • • •	2.	Father's Title:					
		Address (including postcode):					
		Occupation:					
		Employer's business name and ac	Employer's business name and address:				
		Telephone: Daytime:	Evening:		Mobile:		
		Email address:					
• • • • • •	2	Mother's Title:	Full Names:				
	J.	Address (including postcode):					
		Occupation:					
		Employer's business name and address:					
		Telephone: Daytime:	Evening:		Mobile:		
		Email address:					

Registration Form Continued.

• • • • • • • •	4 .	Do both parents have parental responsibility for the child? (If No, please give details in a covering letter).
		☐ Yes ☐ No
• • • • • • • •	5 .	Do both parents agree that the child should attend the school? (If No, please give details in a covering letter).
		☐ Yes ☐ No
• • • • • • • •	6.	Is there anyone else whose consent to the child coming to the School is required? (If Yes, please give details in a covering letter).
		☐ Yes ☐ No
• • • • • • • •	7 .	Is it proposed that anyone other than the parents will pay or guarantee payment of fees? (If Yes, please give details in a covering letter).
		☐ Yes ☐ No
• • • • • • • •	8.	Name and address of person to whom accounts for fees should be sent (if not Parents or Guardian).
• • • • • • • • •	9.	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:
	10	Please say how you first heard of the School:
	10.	☐ Local ☐ Reputation ☐ Present School ☐ Friends ☐ Advertisement ☐ Website
		Local Exeputation Exercise School Enterior Advertisement Events
		Other (Please give details)
• • • • • • •	11.	Please state the name and address of the present School or Nursery:
	•••	
		Name of Head:

•••••	12.	Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):
•••••	13.	Please give an outline of your child's other hobbies or interests (if applicable):
		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 current edition of the Terms and Conditions will be supplied on request.
		 Please provide a copy of the child's full birth certificate. Please provide photo identification for parents by way of a passport or driving licence. Please provide a copy of the child's passport.

Registration Form Continued.

Registration Form Continued.

Declaration

I/We request that the name of our above-named child be registered as a prospective pupil. The non-returnable registration fee of £75.00 can be paid by either of the following methods:			
Direct bank transfer:	Account name: St Margaret's Account Number: 5002193 Sort Code:40-41-70 Reference: Your surname		
Cheques:	Made payable to Cognita Sc	hools Ltd t/a St. Margaret's	
I/We understand that the 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.			
I/We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, an 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.			
First Signature:		Second Signature:	
Name in full:		Name in full:	
		Relationship to the Child:	
Relationship to the Ch	nild:	Relationship to the Child:	
_	hild:	_	
_			
Date: Your contact preferences		Date:	
Your contact preferences Thank you for completing the	nis form. We will use the information t		
Your contact preferences Thank you for completing the also love to be able to tel you	nis form. We will use the information t u more about our wonderful school ar ail, post,telephone or other digital char	Date:	
Your contact preferences Thank you for completing the also love to be able to tel you we may contact you by ema	nis form. We will use the information t u more about our wonderful school ar ail, post,telephone or other digital char poses.	hat you have provided to respond to your initial enquiry, but we would at the services provided by the Cognita Group e.g. SuperCamps.	
Your contact preferences Thank you for completing the also love to be able to tel you We may contact you by ema own external marketing purp Would you like to hear from the sound of the so	nis form. We will use the information to understand the understand the unit of	hat you have provided to respond to your initial enquiry, but we would at the services provided by the Cognita Group e.g. SuperCamps.	

Confidential Information

Please provide us with details of any medical condition (including allergies), disabilities, special educational need or learning difficulty of your child. Please also use this to provide details of languages spoken at home if English is not the child's first language.

Pupil's Name:
Pupil's Date of Birth:

St. Margaret's Preparatory School **Ethnicity Form**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves. Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration Form attached to this Form. Please also tick whether the form was filled in by a parent or the child.

White:	Black or Black British:	Chinese or other ethnic group:
☐ British - English, Scottish or Welsh	Caribbean	Chinese
☐ Irish	☐ African	Any other ethnic group (please give details)
Any other white background	Any other Black background	
Mixed race:	Asian or Asian British:	
White and Black Caribbean	☐ Indian	
☐ White and Black African	☐ Pakistani	
☐ White and Asian	☐ Bangladeshi	
Any other mixed background	Any other Asian background	
This information was provided by:	□ Parent □ Child	

Please return the form to the school with your completed Registration Form

Any information you provide will be used solely to compile statistics on diversity within the school; These statistics will not allow individual children to be identified.

Child's Name: