

Registration Form

Early registration is recommended. Families seeking admission for their children should complete the registration form below and return it to the school together with a cheque for £100 (made payable to St Wystan's School) or payable by bank transfer to cover the cost of the non-refundable registration fee.

Г	PLEASE USE BLOCK CAPITALS							
1.	Pupil's Surname							
	 Pupil's Forename (s	5)						
	Preferred Name							
2.	Date of Birth	Religion						
	Nationality	Ethnicity*						
	Language spoken	at home (if not English)						
3.	Admission Date	School Nursery						
If your child is entering nursery, do you wish to reserve a place for KG? Yes / No								
4.	4. Name and address of child's current school or nursery (if applicable)							
	'							
	Present school or	nursery email address						

Parents' Details (Any change of contact details must be notified in writing)

Full Name	of Parent 1 / Legal Guardian (including preferre	d title)
Address		
Postcode	Telephone (Home)	
(Work)	(Mobile)	
Email	Occupation	
Name and	Address of Father / Legal Guardian's Employer	
Name and	Address of Parent 1 / Legal Guardian's Bank	
Full Name	e of Parent 2 / Legal Guardian (including preferred	title)
Address		
Postcode	Telephone (Home)	
(Work)	(Mobile)	
Email	Occupation	
Name and	Address of Parent 2 / Legal Guardian's Employer	

	If Parents' addresses are different, please indicate with which parent the child lives by underlining Parent 1, Parent 2 or Legal Guardian, above.					
	Special Education Needs, learning support, medical conditions and disabilities for which your child may need reasonable adjustments:					
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	Yes (please supply details separately)					
	Do you wish to apply for bursary/financial assistance towards the fees?					
	Yes No					
	Are there any family connections with St Wystan's School? If Yes, please explain.					
	Yes No					
	How did you hear about St. Wystan's School?					
	Advert Online Word of Present School Current or Nursery Parent					
	Other (please specify):					
	If recommended by a present parent or member of staff, please give their name.					

	Yes		No, (if no	please sup	pply c	letails in confic	dence)			
De	clara	tion								
I/We	e understa	and and ag	ree 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, as a registered Data Controller, will process personal data about us and our child, including sensitive personal data such as medical details. We consent to the processing of our data and our child's data; for further information on how we use your data, please refer to the Data Protection Policy;									
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;									
	If our child is currently at another independent school it is our responsibility to ensure that our obligations to that school are honoured in full.									
We	request th		d be registered	as a prospe	ctive p	upil. A non-retur	rnable de	eposit o	of one hundr	ed



Date

Relationship to pupil





