

Charlotte House Preparatory School for Girls

88 The Drive, Rickmansworth, Hertfordshire, WD3 4DU. Tel: 01923 772101 EMAIL office@chpschool.co.uk www.charlottehouseprepschool.co.uk

REGISTRATION FORM

(Request for a Place on the Waiting List)

1. DETAILS OF YOUR CHILD					
Surname					
First Names (please underline preferred name)					
Date of Birth					
Type of place required	(please tick below)				
Nursery	Pre-Preparatory	I Prep	paratory	Bursary	
Home Address (includ	ing postcode)				
Proposed Term and Ye	ear of Entry				
Have you registered you school(s) and if so, whi	ur child's name at any other ch?				
2. PARENT'S / LEGA	2. PARENT'S / LEGAL GUARDIAN DETAILS				
Title					
Full Name					
Landline Telephone Number			Work Number		
			Mobile Number		
Email Address					
Home Address (including postcode)	(If different from daughters)				
Occupation					
Employer's Business, Name and Address					

3. PARENT'S / LEGA	al guar	DIAN DETAIL	S		
Title					
Full Name					
Landline Telephone Number				Work Number	
				Mobile Number	
Email Address					
Home Address (including postcode)	(If diffe	erent from daugl	nters)		
Occupation					
Employer's Business, Name and Address					
_	e(s) and c	urrent address(e	s) of any otl	her person with parenta	l responsibility (i.e. legal School will be required if an offer
Title					
Full name					
Address (including postcode)					
5. CONNECTIONS V	WITH TH	IE SCHOOL			
Please mention below t			embers of th	ne family attending the S	School or registered for entry; or
6. PLEASE INDICAT	E BELOV	W HOW YOU F	FIRST HEA	RD OF THE SCHOOL	,
Local reputation	🛭 Pre	esent school	0 F	Friends	Advertisement
1 Website	Other (please give details)				
7. DETAILS OF PRES	SENT SC	HOOL IF APPL	ICABLE (w	vith dates of attendance)	
Name and Address (including postcode)					

Dates of Attendance	
Name of Head	
8. PLEASE OUTLINE OR EXPERIENCE (if	E ANY OF YOUR CHILD'S ARTISTIC, DRAMATIC, MUSICAL OR SPORTING SKILLS applicable)
,	
9. PLEASE GIVE AN	OUTLINE OF YOUR CHILD'S OTHER HOBBIES OR INTERESTS (if applicable)
	DE US WITH DETAILS BELOW OF ANY SPECIAL CIRCUMSTANCES AFFECTING I AS A MEDICAL CONDITION, HEALTH PROBLEM OR ALLERGY; ANY LEARNING
DIFFICULTY, DISAB	ILITY, OR SPECIAL EDUCATIONAL NEED, AS WELL AS ANY BEHAVIOURAL, OR SOCIAL DIFFICULTY OF YOUR CHILD (The School requires this information so that
	reasonable adjustments, if any, the School can make in order to accommodate your child.)
NOTES	
	commended. Registrations will be considered in the order they are received. Offers of places ty and the admission requirements of the School at the time offers are made. A copy of the
1	ditions will be supplied on request.

DECLARATIONS AND CONSENTS

I / We request that my/our child named above is registered as a prospective pupil. I/We confirm that all those with parental responsibility for my/our child are in agreement to registering an interest in a place at the School and that all those with parental responsibility has signed this form.

YES / NO

I/We acknowledge that completion of this Registration Form and payment of £100 Registration Fee does not constitute an offer of a place at the School

I / We understand that the School may obtain, process and hold personal data 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) for the purposes of administering the application and admissions process.

YES / NO

I / We understand that the School may obtain, process and hold personal data about our child which may include special category personal data such as medical details and any information regarding my/our child's learning support needs and SEND. I/we consent to the School processing special category personal data about my/our child's health and any SEND for the purposes of administering the application and admissions process (including for the purpose of assessment) and ensuring the School meets is legal obligations to my/our child including the School's obligations under the Equality Act 2010.

YES / NO

I / We understand that the School may obtain, process and hold personal information about me and my/our child for the purposes of seeking a reference from my/our child's previous educational establishment (if any) and confirmation that all fees have been paid.

YES / NO

Together with this completed Registration form duly signed by me / us, I / we have paid the non-refundable Registration Fee of £100 (£50 for siblings) by on-line transfer (Bank Details: Barclays Bank, Charlotte House School Ltd, Account No.: 50286796 Sort Code: 20-74-09. Please reference payment with your daughter's forename and surname).

SIGNATURES OF PARENTS / LEGAL GUARDIANS

	First Parent / Legal Guardian	Second Parent / Legal Guardian
Signature		
Full Name		
Date of Birth		
Relationship to Child		
Dated		

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