Candidate's

Photograph



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	🏻 Prep	paratory	Bursary	
Home Address (includi	ing postcode)				
Proposed Term and Year of Entry					
Have you registered your child's name at any other school(s) and if so, which?					
2. PARENT'S / LEGA	L GUARDIAN DETAILS				
Title					
Full Name					
Landline Telephone Number			Work Number		
			Mobile Number		
Email Address					
Home Address (including postcode)	(If different from daughter's)				
Occupation					
Employer's Business, Name and Address					
3. PARENT'S / LEGAL GUARDIAN DETAILS					
Title					

Full Name					
Landline Telephone Number			Work Number		
			Mobile Number		
Email Address					
Home Address (including postcode)	(If different from daughter's)				
Occupation					
Employer's Business, Name and Address					
4. OTHER PEOPLE WITH PARENTAL RESPONSIBILITY Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.					
Title					
Full name					
Address (including postcode)					
5. CONNECTIONS V	WITH THE SCHOOL				
Please mention below the names of any other members of the family attending the School or registered for entry; or any other connection with the School.					
6. PLEASE INDICATE BELOW HOW YOU FIRST HEARD OF THE SCHOOL					
Local reputation	Present school	[] F1	riends	Advertisement	
[] Website	Other (please give	e details)			
7. DETAILS OF PRESENT SCHOOL IF APPLICABLE (with dates of attendance)					
Name and Address (including postcode)					
Dates of Attendance					

Name of Head				
8. PLEASE OUTLINE ANY OF YOUR CHILD'S ARTISTIC, DRAMATIC, MUSICAL OR SPORTING SKILLS OR EXPERIENCE (if applicable)				
9. PLEASE GIVE AN	OUTLINE OF YOUR CHILD'S OTHER HOBBIES OR INTERESTS (if applicable)			
YOUR CHILD SUCH	E US WITH DETAILS BELOW OF ANY SPECIAL CIRCUMSTANCES AFFECTING AS A MEDICAL CONDITION, HEALTH PROBLEM OR ALLERGY; ANY LEARNING			
EMOTIONAL AND/	ILITY, OR SPECIAL EDUCATIONAL NEED, AS WELL AS ANY BEHAVIOURAL, OR SOCIAL DIFFICULTY OF YOUR CHILD (The School requires this information so that			
we can consider what r	easonable adjustments, if any, the School can make in order to accommodate your child.)			
11 SIBLING(S) NAM	ES (S) AND AGE			
	/NURSERY SIBLING(S) ATTEND			
NOTES				
are subject to availabili	ommended. 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 <i>ditions</i> 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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