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 (including 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 / 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					
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 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	0 F:	riends	Advertisement		
1 Website	Other (please give details)					
7. DETAILS OF PRES	SENT SCHOOL IF API	PLICABLE (wi	ith 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)				
O DEFACE ON E AN OUTENIE OF VOLD ONLINDS OTHER HORDIES OF INTERESTS (1)				
9. PLEASE GIVE AN OUTLINE OF YOUR CHILD'S OTHER HOBBIES OR INTERESTS (if applicable)				
10. PLEASE PROVIDE US WITH DETAILS BELOW OF ANY SPECIAL CIRCUMSTANCES AFFECTING YOUR CHILD SUCH AS A MEDICAL CONDITION, HEALTH PROBLEM OR ALLERGY; ANY LEARNING DIFFICULTY, DISABILITY, OR SPECIAL EDUCATIONAL NEED, AS WELL AS ANY BEHAVIOURAL, EMOTIONAL AND/OR SOCIAL DIFFICULTY OF YOUR CHILD (The School requires this information so that				
we can consider what reasonable adjustments, if any, the School can make in order to accommodate your child.)				
11. SIBLING(S) NAMES (S) AND AGE				
NAIVIE OF SCHOOL/ NORSERT SIDLING(S) AT LEND				
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 <i>Terms and Conditions</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 it's 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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