

Registration Form



Warwick
Preparatory
School

Please complete the relevant sections in BLOCK CAPITALS and black ink.

Please submit the form along with a copy of your child's full birth certificate and the £75 Registration Fee.

Your child

Surname _____

First names (underline preferred name) _____

Date of birth _____

Gender M F

Religion _____

First Language _____

Nationality _____

Type of place (please tick)

Nursery (3+) Reception (4+) Year 1 (5+) Year 2 (6+) Year 3 (7+) Year 4 (8+) Year 5 (9+) Year 6 (10+)

Proposed term and year of entry _____

Autumn

Spring

Summer

Year 20 _____

First parent / legal guardian

Title (e.g. Miss, Mrs, Ms, Mr) _____

Full name _____

Home telephone _____

Mobile _____

E-mail address _____

Address _____

Postcode _____

Occupation _____

Employer's business name and address _____

Second parent / legal guardian

Title (e.g. Miss, Mrs, Ms, Mr) _____

Full name _____

Home telephone _____

Mobile _____

E-mail address _____

Address _____

Postcode _____

Occupation _____

Employer's business name and address _____

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 _____

Contact telephone _____

Address _____

Postcode _____

Email _____

Please state the name and address of your child's present school/nursery (if applicable)

Name and address of school/nursery _____

Dates of attendance _____

Name of Head _____

Connections with the Foundation

Please mention here the names of any other members of the family attending or registered for entry at any of the Foundation's schools (Warwick School or King's High School); or any other connection with the Foundation. Please indicate if either parent is a member of staff at the Foundation and in what capacity.

Have you registered your child's name at any other school(s) and if so, which? YES/ NO

If YES, which school(s)? _____

Does your child have any siblings? YES / NO

Sibling 1 Name	Date of Birth	M / F
School attended		
Sibling 2 Name	Date of Birth	M / F
School attended		
Sibling 3 Name	Date of Birth	M / F
School attended		

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)

Please give an outline of your child's other hobbies or interests (if applicable)

Is your child affected by (please circle either Yes or NO)

- | | | |
|---|----------|--|
| • any medical condition, health problem or allergy? | YES / NO | If you have answered YES please provide any necessary details on a separate sheet. |
| • any learning difficulty, disability, or special educational need? | YES / NO | |
| • any behavioural, emotional and / or social difficulty? | YES / NO | |

Please confirm whether your child will require sponsorship from the Foundation in order to obtain a visa to study in the United Kingdom at this School (if applicable).

Yes No

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 Foundation's Terms and Conditions will be supplied on request. When your child moves onto any of the schools within Warwick Independent Schools Foundation, then no further Registration Fees will be payable.

Declaration

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the Foundation or the School (through the Head, as the person responsible) may obtain, process and hold personal information 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.

I / We understand that the Foundation or the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and 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.

I / We enclose the non-refundable Registration Fee of £75 together with this completed Registration Form duly signed by me / us.

Signatures of parents / legal guardians

(both signatures required unless another arrangement has been made with the school)

First parent / legal guardian

Second parent / legal guardian

Signature	_____	_____
Name in full (please include all names)	_____	_____
Date of birth	_____	_____
Relationship to child	_____	_____
Date	_____	_____

Please indicate how you first heard of the School (please tick all relevant boxes)

- | | | |
|---|--|---|
| <input type="checkbox"/> Local reputation | <input type="checkbox"/> Recommendation – Friends/Family | <input type="checkbox"/> School Website |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Open Event | <input type="checkbox"/> Used to be a pupil |
| <input type="checkbox"/> Passing school/signage | <input type="checkbox"/> Holiday Action | <input type="checkbox"/> Other _____ |

Please return this form together with a copy of your child's full birth certificate and the £75 Registration Fee (cheques should be made payable to Warwick Preparatory School)

to Mrs Charlotte Graham, Marketing and Admissions Manager, Warwick Preparatory School, Banbury Road, Warwick, CV34 6PL.