



THE READ SCHOOL

PUPIL REGISTRATION FORM

Please attach photo here
if available

Full Name of child (please use block capitals)

.....

Registration for *Day Pupil / Boarder Proposed date of entry:
*delete as applicable

Date of Birth:

Age at Entry: Years Months Nationality:

Brother/Sister currently attending School: Name Form

Religious Denomination:

Name of Mother	Name of Father
Address of Mother	Address of Father (if different)
Occupation (if HM Forces, please state Service number)	Occupation (if HM Forces, please state Service number)
Home Tel. No. Work Tel. No. Personal Mobile No. Email address	Home Tel. No. Work Tel. No. Personal Mobile No. Email address

***Please indicate the first number to be contacted in the case of an emergency**

If applicable, who has legal custody

If Parent is an Old Draxonian please give dates of attendance

Name of Head of pupil's present school

Name & Address of present school

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Brief Medical History

Are there any specific circumstances relating to your child of which the school should be aware? Please indicate as appropriate:

ADD/ADHD Allergies Aspergers Syndrome
Autism Dyslexia Dyspraxia
Hearing impairment Visual impairment

Please enclose a copy of the most recent Educational Psychologist's report if applicable

(A full medical profile will need to be completed before admission)

ETHNIC ORIGIN

Please tick one box only

White

British
Irish
Any other White background

Black or Black British

Caribbean
African
Any other Black background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background
Chinese

Mixed

White/Black Caribbean
White/Black African
White and Asian
Any other Mixed background

Any other ethnic background (please state)

FOR STUDENTS OF SERVICE FAMILIES SERVING OVERSEAS ONLY

Please provide the full name and address of a family contact in the UK

Name

Address
.....

Telephone Number (Home) (Work)

(Personal Mobile) (Email address)

DECLARATION

I/We request that the name of the above named child be registered as a prospective pupil AND enclose a cheque for the non-refundable registration fee of £40 (cheques to be made payable to *The Read School*)

I/We understand that:

- 1. Registration of my/our child as a prospective pupil does not secure my/our child a place at the school but does ensure that he/she will be considered for selection as a pupil at the school;
- 2. The school may process personal data about my/our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and I/we consent to the processing of my/our child's personal data (including sensitive personal data) for these purposes;
- 3. In the event that my/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 me/us in the event that I/we accept the place.

First Signature Date

Name in full

Relationship to child

Second Signature Date

Name in full

Relationship to child

A copy of the current terms and conditions (Parents Contract) is available on request

FOR OFFICE USE ONLY

DATE RECEIVED	DATE ACKNOWLEDGED	COPY TO BURSAR	PROCESSED BY
COMMENTS			