

L'Ecole Bilingue Registration form

Registration for a place at the School

Your child	
Surname of your child	
First names (Please underline the preferred name)	
Date of birth	
Nationality	
Ethnicity	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed Ethnic Background <input type="checkbox"/> White British <input type="checkbox"/> White Other <input type="checkbox"/> Other (please specify)
Language(s) spoken at home	
Proposed year of entry	September 20....
Have you registered your child's name at any other school/s and if so, which?	
Father / legal guardian	
Title	
Full names	
Address (including postcode)	

Occupation			
Employer's business name and address			
Daytime telephone		Evening telephone	
E-mail address		Mobile telephone	
Mother / legal guardian			
Title			
Full names			
Address (including postcode)			
Occupation			
Employer's business name and address			
Daytime telephone		Evening telephone	
E-mail address		Mobile telephone	
Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.			
Please say how you first heard of the School. Was it from:			
<input type="checkbox"/> Local Reputation	<input type="checkbox"/> Present School	<input type="checkbox"/> Friends	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Website	<input type="checkbox"/> Other (Please give details)		

Please state the name and address of the present school (with dates of attendance):	
Name and address of school	
Dates of attendance	
Name of Head	
Please give an outline of your child's hobbies or interests (if applicable)	
To enable us to provide appropriate care and support for your child and to make reasonable adjustments as necessary, please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child, using the attached Confidential Information Form (if applicable)	

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 *Terms and Conditions* will be supplied on request.

Declaration

I / We request that the name of our above-named child be registered as a prospective pupil. I / We enclose the Registration Fee of £90 and understand that this fee covers the costs of processing the registration and will not be refunded in any circumstances.

I / We understand that the School 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 also that the School may obtain, process and hold personal information about our child, including 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.

	First parent / legal guardian	Second parent / legal guardian
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Date of birth		
Relationship to child		
Contact telephone number		
Address		
Post code		
Date		