Beechwood Park School Registration Form

This Registration Form should be completed by the Parents or Guardians of the child being registered, and sent together with the registration fee to: The Registrar, Beechwood Park School, Markyate, St Albans, Hertfordshire, AL3 8AW or emailed to admissions@beechwoodpark.com.

PARENTS' DETAILS: (Pl	ease use block capitals)	
	PARENT 1	PARENT 2
Title:		
Name:		
Address:		
Post Code:		
Occupation:		
Nationality:		
Home telephone no:		
Work telephone no:		
Mobile:		
E-mail:		
Sudi dian is compassiy	if both parents are non-UK resident.) DECLARATION	
	ld be registered as a prospective pupil ant No: 40-19-30-81296027 with our child's	
We understand that:		
_	ld as a prospective pupil does not secure of the considered for selection as a pupil a	•
	child is offered a place at the School, such for the provision of educational services,	_
A copy of the current edit	tion of the standard terms and conditions	is available on request.
ourposes set out in <i>Beech</i> School's website or from School is the data control accordance with data property our Privacy Notice, and necessary for us to do so the offer of a place, you	e understand that the personal data prochwood Park School's Privacy Notice. (A the School Office.) For the purposes of ler for any personal data you supply to us tection law, only used for the purpose(s) (except where you have consented) only and the law allows it. If our child is not a will only retain this information for as s, information is kept until such time as the	full copy of which is available on the full copy of which is available on the full data protection law, Beechwood Paral This personal data will be processed if for which you have supplied it to us any shared with third parties where it is offered a place, or if we do not acceptlong as you need to. Unless there are

First Signature: Second Signature: Date: Date:

information that you have supplied to us with other organisations.

age to apply for a place at the School, or until we request that our personal data no longer be retained. It is also important to note that, in certain circumstances, we might have a legal obligation to share the



REGISTRATION DETAILS

(Please complete a separate form for each child)

Please use BLOCK CAPITAL	S				
Child's Surname:		Gender			
First Names:		Ethnicity:			
Date of Birth:		Nationality:			
Child's religious denomir	nation:				
Is English the Child's Nat (If not, please state native la	ive Language? nguage and level of proficienc	y in English.)			
Names of other members o connection with the school	of the family attending the s :	chool or regi	stered for entry, o	r any othe	
Proposed date of admission:		Proposed year group			
Type of entry (Please tick)		arder		Day [
Please state name and add	ress of the current school:				
School email address:					
Headteacher:					
Please state any Independe date of entry:	ent Senior Schools for which	registration	has been made an	d intended	
Please indicate below if the should be aware?	ere are any circumstances r	elating to you	ur child of which t	he School	
ADHD	Allergies	Aspe	erger's Syndrome		
Autism	Dyslexia	Dysp	praxia		
Hearing impairment	Visual impairment	Othe	er:		