



REGISTRATION FORM

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Child's Details				
Surname	Ethr	nicity		
First Name(s)	Nationality			
Date of Birth	Reli	gion		
Gender	First	Language		
Please state any additional lang	guages spoken at home: (If English is r	ot the first language, please s	tate level of proficie	ency)
Admissions Details				
Proposed date of admission		Proposed year group		
Type of entry (Please tick)	Воа	rder (from Y5)	Day	
	e family attending the school or reg			
school: Please state name, address and	e family attending the school or reg	t school:		ntry:
Please state name, address and Please state any Independent S Additional Information Please indicate below if there a In addtion, please forward to the clinical psychologist reports.	Headteacher of your child's current enior Schools for which registration re any circumstances that the school eschool any specialist assessment	t school: has been made and int ol should be aware of in reports that you have e	ended date of e order to suppor	rt your child
Please state name, address and Please state any Independent S Additional Information Please indicate below if there a In addtion, please forward to the clinical psychologist reports. ADHD	Headteacher of your child's current enior Schools for which registration re any circumstances that the school eschool any specialist assessment Allergies	t school: has been made and int ol should be aware of in reports that you have e	ended date of e order to suppor	rt your child
Please state any Independent S Additional Information Please indicate below if there a In addtion, please forward to the clinical psychologist reports.	Headteacher of your child's current enior Schools for which registration re any circumstances that the school eschool any specialist assessment	t school: has been made and int ol should be aware of in reports that you have e	ended date of e order to suppor	rt your child

Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Title		
Name		
Address		
Post Code		
Occupation		
Nationality		
Telephone number:		
Mobile		
Home		
Work		
E-mail address		
Relationship to Child		

(Please note that the appointment of a Guardian is compulsory if both parents are non-UK resident.)

Declaration

We request that our child be registered as a prospective pupil and we undertake to transfer the £120 (Vat inclusive) registration fee to: account 81296027, sort code 40-19-30 with our child's name as reference. We understand that:

- 1. registration of our child as a prospective pupil does not secure our child a place at the school but does ensure that our child will be considered for selection as a pupil at the school.
- 2. in the event that 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 us in the event that we accept the place.

A copy of the current edition of the standard terms and conditions is available on request.

Data Protection

I / We understand that the personal data provided above will be processed for the purposes set out in *Beechwood Park School's* Privacy Notice. (A full copy of which is available on the school's website or from the School Office.)

If our child is not offered a place, or if we do not accept the offer of a place, the school will only retain this information for as long as needed. Unless there are exceptional circumstances, information is kept until such time as the abovenamed child is no longer of an age to apply for a place at the school, or until we request that our personal data no longer be retained.

First Signature:	Second Signature:
Relationship to Child:	Relationship to Child:
Date:	Date:

This Registration Form should be completed by all those with parental responsibility for the child being registered, and sent together with the registration fee to Head of Admissions, Beechwood Park School, Markyate, Hertfordshire, AL3 8AW or emailed to admissions@beechwoodpark.com