### auto0Saint Christina’s School

### 25 St Edmund’s Terrace, London, NW8 7PY

Telephone: 020 7722 8784 email: bursar@saintchristinas.org.uk

### Registration Form

### To be completed by those with **parental responsibility** for the child. PLEASE USE ****BLOCK**** CAPITALS

 **CHILD'S DETAILS**

|  |  |
| --- | --- |
| **Surname of child:** |  |
| **First name(s) (in full):**  |    |
| **Name generally used:**  |    |
| **Sex: Tick one box** | Boy: |  | Girl: |   |
| **Date of birth:**  Please supply a copy birth certificate |    |
| **Nationality:**  |  |
| **Proposed date of admission (term and year):** |   |
| **Is English your child's first language?** (If not, please state their first language)  |    |
| **Religion: Please supply a copy of any Baptism certificate** |  |
| **Parish where you regularly worship:** |  |

**PARENTS' DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship to child** | **Father\*** | **Mother\*** |  |
| **Title:** |   |    |  |
| **Full Name:** |   |    |  |
| **Address:** |   |    |  |
| **Occupation:**  |   |    |  |
| **Nationality:** |   |    |  |
| **Home tel:** |   |  |  |
| **Work tel:** |   |  |  |
| **Mobile tel::** |   |  |  |
| **E-mail address(es):****(please use the exact format, do not use capitals unless required)** |   |  |  |
| **\*If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:** |  |
| **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 state name, email and address of the present school or educational institution (with date of entry):****Name of Head teacher (or equivalent):** |
| **Please note that as part of the admissions process, and before an offer of a place is made at Saint Christina’s, we will normally contact your child’s current educational setting to request a reference on their progress to date.**  |
| **Are there any circumstances or conditions relating to your child of which the School should be aware?  Please tick as appropriate:**  |
| ADHD  |   |  Visual impairment |   | Asperger’s Syndrome |   |
| Autism  |   | Dyslexia |   | Dyspraxia |   |
| Hearing impairment  |   | Other (please specify below) |   | Allergies (please specify below)  |
|  |
| **Does your child have, or have they had, a social worker? Please provide contact details if so:**………………………………………………………………………………………………………………………………………………………………..…………………(Please enclose the most recent Education Psychologist's report, if you have one.  Please also send us any relevant medical, special needs or other educational reports you may have). |

**Declaration**

We (as the holders of parental responsibility for our child request that the name of the above-named child be registered as a prospective pupil of the School **AND** we enclose a cheque for the **non-refundable** Registration Fee of £ 100 (cheques to be made payable to Saint Christina’s School, or sent by bank transfer to Sort code 60-18-20; Account number 96809515 (please give your surname as the reference).

By signing this Registration Form we understand, accept and agree 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.       if 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 [(Note 1](#4)), which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;

3.    if applicable, the School may request from our child's present school or educational institution: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;

4.       the School may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:

(i)    administering its list of prospective pupils;

(ii) its registration, selection and/or admission procedures, including as set out above; and

(iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

|  |  |
| --- | --- |
| **Signed by:** …………………………………………………………………..……(signature) ………………………………………………………………..………(print name) …………………………………………………………………………(date) …………………………………………………………..……………(relationship to child)  | **Signed by:** ………………………………………………………………………..……….(signature) …………………………………………………………………………………(print name) ……………………………………………………………..…………………(date) ……………………………………………………………..…………………(relationship to child) |

Note 1: A copy of the current terms and conditions is available for your information upon request at any time, but please note that the version of the terms and conditions supplied may be subject to change prior to the point in time when a place at the School for your child may be offered. Revised July 2020.