

# Registration Form



Please complete one form for each candidate and return with the £75 Registration Fee.  
Please complete in BLOCK CAPITALS.

## About your child

Forenames		Preferred name	
Surname		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth		First language	
Nationality		Religion	

### Year group required and term of entry

Kindergarten		Nursery											
Reception		Form 1		Form 2		Form 3		Form 4		Form 5		Form 6	
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Michaelmas term		Lent term		Summer term		Year							

## First parent / legal guardian

Title		
Forenames		
Surname		
Relationship to child		
Occupation		
Home telephone		
Mobile		
Email		
Address		
	Postcode	

### Second parent / legal guardian

Title	
Forenames	
Surname	
Relationship to child	
Occupation	
Home telephone	
Mobile	
Email	
Address	
	Postcode

Does your child have any siblings?	Yes	No

Sibling 1 name		Date of birth		M		F	
Sibling 2 name		Date of birth		M		F	
Sibling 3 name		Date of birth		M		F	

Is your child related to a former or current pupil at Eversfield? Yes ☐ No ☐

If yes please provide details

## FAMILY RELATIONSHIPS

CURRENT SCHOOL

Please provide details of your child's current school OR nursery (if applicable)

Name

Address

Telephone

Dates attended

HEALTH AND NEEDS

Please provide details of any health or educational needs

Any medical condition, health problem or allergy?
Yes
No

Any learning difficulty, disability or special education need?
Yes
No

Any behavioural, emotional and/or social difficulty?
Yes
No

If you have answered 'Yes' to any of the questions in this section please provide further information on a separate sheet, including dates and contact details where relevant.

Please provide accurate and complete information so that we are able to best support your child.

Has your child been referred to any of the following professionals?

Health Visitor
Occupational Therapist
Social Worker
Speech and Language Therapist
Paediatrician
Educational Psychologist
Physiotherapist
CAMHS
Other (please specify)

Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No

COMMUNICATION, CONSENT AND DECLARATION

I/We wish to register our son/daughter for entry to Eversfield Preparatory School.

I/We enclose a cheque for £75 in payment of the Registration Fee. Made payable to Eversfield Preparatory School Trust Ltd.

I/We have paid the Registration Fee of £75 by bank transfer to Eversfield Preparatory School Trust Ltd. Sort code 40-42-12. Account Number 42238624.

I/We wish Eversfield to make contact by phone on in order to process a card payment for the Registration Fee of £75.

I/We understand that Eversfield may obtain, process and hold personal information about our child which may include sensitive information such as medical details and we consent to this in order to safeguard and promote the welfare of the child. This may include contacting the child's current educational setting. I/We understand that in order to guarantee and hold a place we must agree to enter into a parent/school contract and confirm his/her entry with a deposit of £400. We consent to him/her taking part in all school activities and note the requirement to give a full term's notice in writing before withdrawing our child from the School or, failing this, to pay the fees for the following term. A copy of the Confirmation of Entry Form and current contract is available on request.

Signatures of parents / legal guardians

Signatures of both parents or guardians are required unless other arrangements have been made with school. By signing this form you are confirming the accuracy of the information given.

First parent / legal guardian

Second parent / legal guardian

Signature

Name

Date

Signature

Name

Date

Yes, I am happy to receive information about Eversfield Preparatory School that may be of interest. This may include our annual magazine and invitations to relevant events such as Open Mornings.

No, I wish to only receive information required for consideration of an offer and the final acceptance process.

Please indicate how you first heard of Eversfield. Please tick all relevant.

1. Parent of current pupil

2. Local reputation

3. Personal recommendation

4. Search engine / website

5. Advertisement

6. Open event

7. Former pupil

8. Passing school / signage

9. Holiday activities

10. Other

Please return this completed form to: The Registrar, Eversfield Preparatory School, 647 Warwick Road, Solihull, B91 1AT  
Registered charity number 528966