



Registration Form

Please complete in block capitals.

Your child

Surname _____

First names (underline preferred name) _____

Date of birth _____

Gender M F

Religion _____

First Language _____

Nationality _____

Place required (please tick) Kindergarten (children join in the term they are 3yrs old) Nursery

Reception Form 1 Form 2 Form 3 Form 4 Form 5 Form 6

Proposed term and year of entry Michaelmas Lent Summer Year 20 _____

First parent / legal guardian

Title _____

Full Name
(underline surname) _____

Home Telephone _____

Mobile _____

Email _____

Address _____

Postcode _____

Occupation _____

Second parent / legal guardian

Title _____

Full Name
(underline surname) _____

Home Telephone _____

Mobile _____

Email _____

Address _____

Postcode _____

Occupation _____

Does your child have any siblings?

Yes No

Sibling 1 Name _____

Date of birth _____

M F

School attended _____

Sibling 2 Name _____

Date of birth _____

M F

School attended _____

Sibling 3 Name _____

Date of birth _____

M F

School attended _____

Is your child related to a former or current pupil at Eversfield?

Yes No

If yes please give details _____

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

Name and address of school / nursery

Telephone Number

Dates attended

Is your child affected by

- 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

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

- Health Visitor Yes No
- Social Worker Yes No
- Paediatrician Yes No
- Physiotherapist Yes No
- Other (please specify)
- Occupational Therapist Yes No
- Speech and Language Therapist Yes No
- Educational Psychologist Yes No
- CAMHS Yes No

If you have answered yes to any of the above 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.

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

- I enclose a cheque in payment of the Registration Fee of £75. (Please make cheques payable to Eversfield Preparatory School Trust Ltd.)
- I have paid the Registration fee of £75 by bank transfer. (Eversfield Preparatory School Trust Ltd. Sort code 40-42-12. Account Number 42238624)
- I wish Eversfield to contact me 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.

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 £300. 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 son/daughter 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 (both signatures are required unless other arrangements have been made with School)

	First parent / legal guardian	Second parent / legal guardian
Signature	_____	_____
Name in full	_____	_____
Date of birth	_____	_____
Relationship to child	_____	_____
Date	_____	_____

Please indicate how your first heard of Eversfield Preparatory School (please tick all relevant boxes)

- Local reputation
- Personal recommendation
- Search engine / School website
- Advertisement
- Open Event
- Former pupil
- Passing School / signage
- Holiday Activities
- Other _____