

Registration Form



Please complete one form per candidate and return with the appropriate Registration Fee.
Please complete in BLOCK CAPITALS.

About your child

CANDIDATE

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

Year group required and term of entry

ENTRY

Kindergarten	<input type="checkbox"/>	Nursery	<input type="checkbox"/>										
Reception	<input type="checkbox"/>	Form 1	<input type="checkbox"/>	Form 2	<input type="checkbox"/>	Form 3	<input type="checkbox"/>	Form 4	<input type="checkbox"/>	Form 5	<input type="checkbox"/>	Form 6	<input type="checkbox"/>
Michaelmas term	<input type="checkbox"/>	Lent term	<input type="checkbox"/>	Summer term	<input type="checkbox"/>	Year	<input type="text"/>						

First parent / legal guardian

Second parent / legal guardian

PARENT'S CONTACT DETAILS

Title	<input type="text"/>	Title	<input type="text"/>
Forenames	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
Relationship to child	<input type="text"/>	Relationship to child	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Home telephone	<input type="text"/>	Home telephone	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>

Does your child have any siblings? Yes No

FAMILY RELATIONSHIPS

Sibling 1 name	<input type="text"/>	Date of birth	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Sibling 2 name	<input type="text"/>	Date of birth	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Sibling 3 name	<input type="text"/>	Date of birth	<input type="text"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>

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

If yes please provide details

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 <input type="checkbox"/>	No <input type="checkbox"/>	Has your child been referred to any of the following professionals?	
Any learning difficulty, disability or special education need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Health Visitor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any behavioural, emotional and/or social difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occupational Therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.			Social Worker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide accurate and complete information so that we are able to best support your child.			Speech and Language Therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Paediatrician	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Educational Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Physiotherapist	Yes <input type="checkbox"/> No <input type="checkbox"/>
			CAMHS	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMUNICATION, CONSENT AND DECLARATION

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

- I/We enclose a cheque in payment of the Registration Fee. Made payable to Eversfield Preparatory School Trust Ltd.
- I/We have paid the Registration Fee 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.

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.

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

First parent / legal guardian	Second parent / legal guardian
Signature <input type="text"/>	Signature <input type="text"/>
Name <input type="text"/>	Name <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

- 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.

- 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