

# REGISTRATION FORM



St John's School  
LEATHERHEAD

Please complete in **BLOCK CAPITALS**

Information which is mandatory for you to provide is indicated below by \*

If you do not complete the mandatory sections in full this may jeopardise or delay your application.

## YOUR CHILD

Child's surname\* .....

Child's forename(s)\* ..... Preferred name .....

Child's date of birth\* ..... Gender .....

## NATIONALITY

Is your child British or Swiss or from a country within the European Economic Area?\* Yes  No

If 'No' please state your child's nationality: .....

Does your child require a visa to study in the UK? Yes  No

Entry Point\* 11+ (Lower Third)  13+ (Fourth Form)  16+ (Lower Sixth)

Proposed term and year of entry\* Term ..... Year 20 .....

Please indicate if you are interested in: Day  Flexi boarding  Weekly boarding

Have you registered your child at any other school(s) and, if so, which? .....

## PARENT 1

Title\* (e.g. Mr, Mrs, Ms) ..... Full name\* .....

Relationship to child\* ..... Home telephone number\* .....

Work / daytime ..... Mobile .....

Email address\* ..... Address (inc. postcode)\* .....

Please tick if child lives at this address:

## PARENT 2

Title\* (e.g. Mr, Mrs, Ms) ..... Full name\* .....

Relationship to child\* ..... Home telephone number\* .....

Work / daytime ..... Mobile .....

Email address\* ..... Address (if different from above. Inc. postcode) .....

Please tick if child lives at this address:

## OTHER PEOPLE WITH PARENTAL RESPONSIBILITY\*

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step parent and their consent to the child attending the School will be required if an offer of a place is made.

Title (e.g. Mr, Mrs, Ms) ..... Full name .....

Address (inc. postcode) .....

If someone other than the first and second signatories is to pay the School fees for your child, please provide below their full name and address and their relationship to your child.

Please mention here the names of any other members of the family attending St John's or registered for entry, or any other family connection with the School (e.g. if a parent is an OJ or a member of staff).

## CURRENT SCHOOL

Name and address of school (inc. postcode)\* .....

Dates of attendance\* ..... Contact telephone number of school\* .....

Name of Head\* ..... Email address of Head\* .....

Please complete the confidential information below, in order to assist us with making any special arrangements which are required for school visits and/or entrance assessments. Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require.

Does your child have any medical condition, health problem or allergy of which we should be aware? Yes  No

If yes, please give details

Does your child have any learning difficulty, special educational need, disability or behavioural, emotional and / or social difficulty?

Yes  No

Is he / she entitled to any examination concessions? Yes  No

If yes, please provide us with as much detail as possible. Where possible, please also provide any relevant documentation such as medical reports, assessments, educational psychologist reports etc.

Is English your child's first language? Yes  No

If No, please specify the first language:

## NOTES

Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's Terms and Conditions will be supplied on request and are available on the School's website.

## HOW WE WILL USE THE INFORMATION PROVIDED IN THIS FORM

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

### For example:

- a) we will contact your child's current or previous school to ask for a reference;
- b) we may ask for information about other schools to which you are applying;
- c) we may contact other people with parental responsibility to check that they consent to your child joining the School;
- d) the confidential information will be used to ensure that we make any reasonable adjustments / suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;
- e) we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to.

For more information about how the School will use your information, and your child's information, please see our Pupil Privacy Notice and our Parent Privacy Notice. Both of these documents are published on the School's website. If your child is aged 12 years or older please show him / her a copy of the Pupil Privacy Notice and discuss it with him / her.

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## DECLARATION

I / We request that our child named above is registered as a prospective pupil.

I / We enclose a cheque (made payable to St John's School) / have made a BACs payment (please delete as appropriate) for the non-refundable Registration Fee of £150 along with this completed Registration Form duly signed by me / us.

I/We enclose a copy of the information page of our child's passport.

	FIRST SIGNATORY	SECOND SIGNATORY
Signature*		
Name in full* (please include all names)		
Relationship to child*		
Date signed		

### Payment Information

**Bank details for BACs payments:** Please include the prefix 'REG' in the reference plus your child's initial and surname.

**Account name:** St John's School Foundation **Account number:** 90724521 **Sort code:** 40-27-07

Cheques should be made payable to **St John's School**.

### Please return the completed Registration Form and non-refundable Registration Fee to:

The Admissions Registrar, St John's School, Epsom Road, Leatherhead, Surrey KT22 8SP