

REGISTRATION FORM

The Registration form needs to be signed by both Parents/Legal Guardians and returned to the Admissions Registrar.

- 😓 £50 non-refundable Registration fee
- A copy of every child's FULL Birth Certificate and proof of identity i.e. Passport
- Proof of both Parent/Guardian's identity eg Passport/ Driving Licence including proof of address.



1) Pupil Details

First name			Gender		
Surname			Date of Birth		
Preferred name			Nationality*		
Ethnicity			Religion		
Main language at home			Other languages		
Proposed date of entry			Year group		
Address					
Post code					
Please include copies	Birth Certificate	Passport			

2) First parent/Guardian/Carer details

Title :		Relationship to child	
First name		Marital Status	
Surname		Nationality	
Occupation		Parental Responsibility	Yes 🔲 No 🗖
Address	If different from above		
		Proof of address:	
Daytime phone no.		Evening phone no.	
Email address		ID:	

3) Second parent/Guardian/Carer details

Title:		Relationship to child	
First name		Marital Status	
Surname		Nationality	
Occupation		Parental Responsibility	Yes 🔲 No
Address	If different from above		
		Proof of address:	
Daytime phone no.		Evening phone no.	
Email address		ID:	

4) Current School/Nursery Details

Current School/Nursery		Head Teacher				
Address						
Post code		Contact no.				
Have you registered your child at any other schools? If so, please list them here						
Please mention below any other family members who attend Oakleigh House; or any other connection with the School						
Please include School Report for the last academic year						
Please mention below any younger siblings you may wish to register at a later date						
Name		Date of Birth				
Name		Date of Birth				

5) Educational Needs - Confidential

Has your previous education provider (Nursery, School) ever highlighted to you any specific educational or behavioural needs of your child? If yes, please outline below	Yes	No	
Has your child ever been referred to an outside agency for an external assessment such as an Educational Psychologist, Clinical Psychologist or Speech and Language Therapist? If yes, please detail below and provide a copy of the report with this registration form	Yes	No	
Do you have any concerns about your child's development that have not yet been highlighted by an educational professional? If yes, please outline below	Yes	No	

6) Other information

Please outline below your child's interests and hobbies and any artistic, musical or sporting skills or experience									
Please provide us with details of any dietary requirements, medical conditions (incl. allergies) or disabilities relating to your child									
How did you hear about us?		Local ReputationSiblingFriendsAdvertisement							
School website		Other (please give details) :							

Declaration (please ensure that both parents sign

*I/We both have parental responsibility (ie legal responsibility) for the child.

*I/We confirm that no other person's consent is required for the child to attend the School.

OR

*I/We have disclosed written consent to the child joining the School from all others with parental responsibility to the child. * Please delete as appropriate.

If any person signing this Registration form does not have parental responsibility for the child, please provide a brief written explanation of the relationship between that person and the child together with the name/s of all others with parental responsibility for the child.

We request that the name of our above-named child be registered as a prospective pupil. (Proof of a bank transfer for the nonreturnable registration fee of £50 is enclosed). We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First signature:	Second signature:
Name in full:	Name in full:
Relationship to child:	Relationship to child:
Nationality:	Nationality:
Date	Date:

Please complete this form and return to the Registrar, together with the non-returnable fee of £50

Bank transfer details -Bank Name: HSBC Beneficiary's Name: Oakleigh House School Sort code: 40-41-70 Account Number: 00021830 Please use your child's name as the payment reference to allow us to correctly allocate the payment.

8) Notes

- a) Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.
- b) The personal data you supply to Cognita Schools Ltd will only be used in connection with your application for a school place. It will be held securely in line with the Data Protection Act and will not be passed to third parties. Cognita Schools Ltd is registered under the DP act No.Z9688459
- c) Cognita Schools Limited (trading as Oakleigh House School): a Company Limited by Shares Registered in England No: 02313425

At Cognita, we look after your personal information and only use your personal information for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices; these are available: <u>https://goo.gl/HdXZUk</u>



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