

PARSONS GREEN PREP



REGISTRATION FORM

<u>NOTICE</u>

Please submit this form with the non-refundable registration fee of £250 and a copy of your child's full birth certificate. Once we have received this, your details will be entered onto our database and your child will be included in the application process for the year and class you have indicated. Details of next steps will be communicated to you in due course.

The registration fee can	be paid via cheque or bank transfer:
Account name:	Eridge House Ltd ta Parsons Green Prep School
Bank:	Barclays Bank PLC
Account number:	93999785
Sort code:	20 54 11
IBAN:	GB54 BUKB 2054 1193 9997 85
SWIFTBIC:	BUKBGB22
Please quote your child	's surname as reference.

The information requested is for processing your registration for a place at this school. It is also kept to inform you of school events and other services, offered by the school, that we might think appropriate for your child's age. Your information will be kept securely and not disclosed to any third party or external body. The information collected on this form will be retained until 25 years after the date of birth if you accept a place or for a period of 2 years after the proposed intake year of admission/registration should an offer not be made or not accepted. Your consent can be withdrawn at any time by emailing admissions@parsonsgreenprep.co.uk.

The registration form is not a commitment by the school or the parents/legal guardians until a firm offer has been made and accepted.

By signing the registration form the parents/legal guardians confirm that the information contained herein is accurate at the time of completion and that any changes to the information contained in the health form, contact details and prior education will be notified to the school.

Please note that we cannot support Student Route visas under any circumstances. All applicants must have valid visas. If your child does have a visa please can this also be submitted with the registration form.

*I/We accept the terms and conditions of the school.

Signature of first parent/guardian:

Signature of second parent/guardian:

Date:

We are so pleased that you are considering PGP for your child. We try to keep these forms as simple as possible but would be very grateful if you could complete it in full. We require the following information to carry out the admissions process, which will be stored electronically on the school database and on paper records in secure filing. Please refer to the school Data Protection Policy for more information on how we use the data you give us.

Child's first names:	Known as:
Child's surname:	
Date of Birth (DD/MM/YYYY):	Sex (M/F):
Nationality:	Religion:
Country of birth:	First Language:
Home address:	
	Postcode:

Name of first parent/guardian: Title eg Mr, Mrs, Ms	
First name:	Surname:
Home address (if different from above):	
Home/work telephone number:	Mobile:
Email:	
Profession:	

Name of second parent/guardian: Title eg Mr, Mrs, Ms	
First name:	Surname:
Home address (if different from above):	
Home/work telephone number:	Mobile:
Email:	
Profession:	

For which year gro	oup, term and year	do you require entr	ry? (e.g. Reception	Autumn 2028)	

Do you have a child currently at PGP?	
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Which school or nursery does your child attend at present?	

Which other schools has your child been registered at and is PGP your first choice?	
Does your child have any special educational needs and/or learning difficulties? If yes, please provide details on a separate sheet and attach to this form.	🗆 Yes 🔛 No
Does your child have an Educational Psychologist's report? If yes, please attach a copy to this form.	🗆 Yes 🔛 No
Is your child suffering from any medical condition or allergies? If yes, please provide details:	🗆 Yes 🔛 No
If you have completed this section then it is strongly advised that you return this form email, recorded mail or in person.	via encrypted
Communication How did you hear about us? Publication Which Publication Estate Agent Which Estate Agent	
Relocation Company Which Company	
Educational Consultancy Which Consultancy	
Word of Mouth	
Other Please specify	

Are you happy to receive marketing information from the school in the form of newsletters and mailouts? \Box Yes \Box No