

REGISTRATION FORM

YEAR 7 REGISTRATIONS CLOSING DATE FOR 2024 ENTRY IS FRIDAY 27TH OCTOBER 2023

PREP AND SENIOR SCHOOL ADMISSIONS ARE SUBJECT TO AN ASSESSMENT

INFORMATION WHICH IS MANDATORY FOR YOU TO PROVIDE IS INDICATED BELOW BY AN ASTERISK *
FAILURE TO COMPLETE THESE SECTIONS IN FULL THIS MAY JEOPARDISE OR DELAY YOUR APPLICATION

PUPIL DETAILS:

Forename*:	Middle Name*:	Legal Surname*:
Preferred Forename: (known as)	Preferred Surname:	Date of Birth*:
Home Address*:	Religion:	
Postcode*:	Nationality*:	
First Language: (if not English)	Additional Languages: (spoken at home)	Passport Issuing Authority*:

ADMISSION DETAILS:

Expected Date of Admission:	Expected Year Group on entry:	Age at expected entry date:
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PRESENT SCHOOL:

School Name*:	School Address*: Postcode*:	Headteacher's Name*:
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I give consent to request a reference from this school *(If you are unable to give consent at this time, please notify Admissions)*

PARENT 1 DETAILS:

Title*:	Forename*:	Legal Surname*:	Email Address*:
Tel No. Mobile*:	Tel No. Home / Work:		Occupation:
Home Address (if different from Child / Other Parent)*:			
Postcode*:			

PARENT 2 DETAILS:

Title*:	Forename*:	Legal Surname*:	Email Address*:
Tel No. Mobile*:	Tel No. Home / Work:		Occupation:
Home Address (if different from Child / Other Parent)*:			
Postcode*:			

ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY:

Title*:	Forename*:	Legal Surname*:	Email Address*:
Tel No. Mobile*:	Tel No. Home / Work:		Occupation:
Home Address (if different from Child / Other Parent)*:		Relationship to Child*:	
Postcode*:			

LEARNING OR MEDICAL DIFFICULTY OR DISABILITY:

If your daughter has a Learning Difficulty, Disability or a Medical Difficulty, it is essential that you provide these details.

Does your daughter currently receive Learning Support at school or outside school: yes no

Do you have documentation relating to your daughter’s education, such as an Educational Psychologist assessment report, auditory or visual report, ECHP, or other educational, behavioural or relevant medical report? yes no

If yes to either of the above, or if there are other circumstances of which we should be aware, please give details and enclose supporting documentation.

ANY OTHER INFORMATION:

If there is any other information you would like to include, please enter below and use a continuation page if necessary:

COMMUNICATION PREFERENCES:

WE WOULD LIKE TO CONTACT YOU FROM TIME TO TIME TO INFORM YOU OF SCHOOL NEWS AND UPCOMING EVENTS

I/we would like to be contacted with School news and notification of school events: yes no

If subsequently you would like to opt out of these communications, please email 'Stop' to admissions@notredame.co.uk

PLEASE REFER TO OUR DATA PROTECTION POLICY ON OUR WEBSITE TO UNDERSTAND HOW WE COLLECT, USE AND PROTECT PERSONAL DATA.

CURRENT OR PRIOR CONNECTIONS WITH NOTRE DAME SCHOOL (E.G. FAMILY, SIBLINGS, PAST PUPILS ETC.):

Please give details:

HOW DID YOU FIRST HEAR ABOUT OUR SCHOOL? – PLEASE TICK

<input type="checkbox"/>	From existing pupil/ parent	<input type="checkbox"/>	Attended an Open Event – please give date:
<input type="checkbox"/>	I/ we already have a pupil at the school		
<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Advertisement – please specify:
<input type="checkbox"/>	Signage at entrance to school		

PAYMENT OF REGISTRATION FEE:

A NON-REFUNDABLE FEE OF £150 IS PAYABLE ON SUBMISSION OF THIS FORM

BANK DETAILS: BARCLAYS BANK | ACCT NAME: NOTRE DAME SCHOOL COBHAM | SORT CODE 20-92-96 | ACCT NO. 03566692 | IBAN NO. GB76BARC20929603566692 | SWIFT NO.: BARCGB22

I/We confirm that payment has been made on _____ (date)

PARENTS’ SIGNATURES:

Parent 1 Name:	Signed:	Date:
Parent 2 Name:	Signed:	Date: