



# Barrow Hills

## SCHOOL

### Registration Form

(Request for a Place on the Waiting List)

1. DETAILS OF YOUR CHILD			
Surname*			
First Names*	Please <u>underline</u> the name generally used		
Date of Birth*		Nationality:	
Religious Denomination:			
Is English the first language?	Yes/No		
If not, what is the first language?			
Type of place (Please tick the relevant box. If you are interested in applying for a scholarship or bursary please also tick the relevant box.)*			
Pre-Prep (Nursery – Year 2)	<input type="checkbox"/>	Prep (Year 3 – 8)	<input type="checkbox"/>
Bursary	<input type="checkbox"/>		
Proposed Term / Year of Entry*			
Have you registered your child's name at any other school(s) and if so, which?			
2. FIRST PARENT/LEGAL GUARDIAN			
Full Name*		Title*	
Address (including postcode)*			
Phone Numbers*	Home		
	Work		
	Mobile		
Email Address*			
3. SECOND PARENT/LEGAL GUARDIAN			
Full Name*		Title*	



Address if different to above (including postcode)*			
Phone Numbers*	Home		
	Work		
	Mobile		
Email Address*			
<b>4. OTHER PEOPLE WITH PARENTAL RESPONSIBILITY*</b>			
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. Their consent to the child attending the School will be required if an offer of a place is made.			
Full Name:		Title:	
Address (including postcode):			
<b>5. CONNECTIONS WITH THE SCHOOL</b>			
Please mention here the names of any other members of the family attending either Barrow Hills School or King Edward's Witley or registered for entry; or any other connection with either school.			
<b>6. PLEASE INDICATE HERE HOW YOU FIRST HEARD OF THE SCHOOL</b>			
Local Reputation	<input type="checkbox"/>	Present School	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>
Our website	<input type="checkbox"/>		
Other (please give details)	<input type="checkbox"/>		
<b>7. PLEASE STATE THE NAME AND ADDRESS OF THE PRESENT SCHOOL (if applicable)*</b>			
Name*			
Address*			
Dates of attendance*			
Name of Head*			
<b>8. PLEASE OUTLINE ANY OF YOUR CHILD'S ARTISTIC, DRAMATIC, MUSICAL OR SPORTING SKILLS OR EXPERIENCE (if applicable)</b>			
<b>9. PLEASE OUTLINE ANY OF YOUR CHILD'S OTHER HOBBIES OR INTERESTS (if applicable)</b>			

**10. PLEASE PROVIDE US WITH DETAILS OF ANY MEDICAL CONDITION, HEALTH PROBLEM OR ALLERGY AFFECTING YOUR CHILD; ANY LEARNING DIFFICULTY, DISABILITY, OR SPECIAL EDUCATIONAL NEED OF YOUR CHILD, AS WELL AS ANY BEHAVIOURAL, EMOTIONAL AND/OR SOCIAL DIFFICULTY OF YOUR CHILD, USING THE ATTACHED CONFIDENTIAL INFORMATION FORM (if applicable)\***

Confidential Information Form submitted

N/A

### Notes

In advance of a taster day we will contact your child's school for a reference or report as part of the application process. In the case of Reception applications, we will contact your child's nursery for more information.

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 School's *Terms and Conditions* will be supplied on request.

### How we will use the information provided in this form (and the Confidential Information Form)

The information will be used by the School during the admissions process in order to manage and access your application and your child's suitability for a place at the School. Further detail is provided in the Prospective Parent section of the Privacy Notice for Parents. There are separate Privacy Notices for Pupils. All documents are available on the School's website.

### Declaration

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

I / We understand that the School may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I/We understand that the School may also obtain process and hold personal information about our child which may include sensitive information such as medical details, and I/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.

I / We have paid by bank transfer / credit card / debit card the non-refundable Registration Fee of £100:00.

Account Name: Bridewell Royal Hospital T/A Barrow Hills Fee Account  
Account Number: 16264663  
Sort Code: 16-00-15  
BIC: RBOSGB2L  
IBAN: GB57RBOS16001516264663

If your child has a time restricted or temporary visa, please provide a copy when returning the form. Please note that we reserve the right to request further information and sight of documents in support of any immigration declarations and to share information with UK Visas and Immigration and the Home Office.

**Signatures of parents/legal guardians**

	<b>First Parent/ Legal Guardian</b>	<b>Second Parent/ Legal Guardian</b>
Signature*		
Name in Full (please include all names)*		
Date of Birth:		
Relationship to the child*		
Date*		

Information which is essential for you to provide is indicated above by an \*. If you do not complete these sections in full it may jeopardise or delay your application.