

Head of Senior School
Anna King M.Ed, M.A. (Cantab), P.G.C.E

Head of Prep School
Merinda D'Aprano B.Ed (Hons) MA CTC FRSA IAPS

NOTRE
DAME
SCHOOL



REGISTRATION FORM

SIXTH FORM

Now enrolling for September 2019

ENTRY TO THE SIXTH FORM IS SUBJECT TO GCSE GRADES

PUPIL'S DETAILS:

Forename:	Middle Name:	Legal Surname:
Preferred Forename: (known as)	Preferred Surname:	Date of Birth:
Home Address:	Tel No. - Home:	Main email contact:
Postcode:	Tel No. - Mobile:	
Religion:	Nationality:	Passport Issuing Authority (if non-EU):
First Language: (if not English)	Additional Languages: (spoken at home)	

ADMISSION DETAILS:

Expected Date of Admission:	Expected year group on entry:	Age at expected entry date:
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PRESENT SCHOOL:

School Name:	Address	Headteacher's Name:
	Postcode:	

PARENT DETAILS: MOTHER

Forename:	Title and Legal Surname:	Email Address:
Tel No. Home:	Tel No. Mobile:	Occupation:
Home Address (if different from child):		
Postcode:		

PARENT DETAILS: FATHER

Forename:	Title and Legal Surname:	Email Address:
Tel No. Home:	Tel No. Mobile:	Occupation:
Home Address: (if different from child/mother)		
Postcode:		

Please continue overleaf

LEARNING OR MEDICAL DIFFICULTY OR DISABILITY:

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

Does your son or daughter currently receive Learning Support at school or outside school: yes no
 Do you have documentation relating to your son or 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.

Please use a continuation page if necessary.

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

Please give details:

DID YOU ATTEND ONE OF OUR OPEN DAYS?

Please circle: **Yes** **No** If Yes, date attended:

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

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

ANY OTHER INFORMATION:

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

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

I/we are happy to be contacted by: email post telephone (please tick any or all as preferred)

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.

PARENTS' SIGNATURES:

Name:	Signed:	Date:
Name:	Signed:	Date:

A NON-REFUNDABLE FEE OF £50 (NURSERY TO PREP Yr 6) OR £100 (Yrs 7 to 13) IS PAYABLE ON SUBMISSION OF THIS FORM. THANK YOU.

NOTRE DAME SCHOOL, SORT CODE 20 92 96, A/C No. 03566692 - PLEASE MAKE CHEQUES PAYABLE TO 'NOTRE DAME SCHOOL'

ENCLOSED (PLEASE TICK AS APPLICABLE):

EQUAL OPPORTUNITIES FORM

LEARNING OR MEDICAL DIFFICULTY OR DISABILITY DOCUMENTATION

REGISTRATION FEE ENCLOSED FEE PAID DIRECTLY

CONTINUATION PAGE

Please return to: Mrs Beccy Johnson, Admissions Office, Notre Dame School, Burwood House, Cobham, KT11 1HA

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EQUAL OPPORTUNITIES FORM

PUPIL NAME:

Please tick the appropriate description below to indicate your ethnic group.

This information is requested to monitor compliance with the law and our equal opportunity and non-discrimination policy. It is not used during our admissions process.

A WHITE

- British
- Irish
- Any other White background, please write in:

B MIXED RACE

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed Race background, please write in:

C ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in:

D BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background, please write in:

E CHINESE

- Chinese

F OTHER ETHNIC GROUP

- Any other background, please write in:

Signed:	Date:
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SIXTH FORM APPLICATION

STUDENT NAME: _____ DATE OF BIRTH: _____

IF YOU ARE NOT A CURRENT NOTRE DAME PUPIL, PLEASE COMPLETE THE FOLLOWING DETAILS

CURRENT SCHOOL: _____

HOME ADDRESS: _____

_____ POST CODE: _____

TEL. NO (HOME): _____ TEL. NO (MOBILE): _____

EMAIL ADDRESS: _____

ALL APPLICANTS TO COMPLETE THESE DETAILS -

GCSE SUBJECTS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENTS' SIGNATURES

Signed: _____ Date: _____

Signed: _____ Date: _____

**Please complete and return to the Admissions Office
(external candidates should also complete the standard Registration Form and include a non-refundable fee of
£100 please)**



SIXTH FORM INITIAL SUBJECT CHOICES

STUDENT NAME: _____

Girls in Year 12 take four subjects, choosing three of these to carry on to Year 13. Please indicate on this form your initial choices, which can later be discussed with the Head of Sixth Form.

PLEASE LIST THE SUBJECTS YOU WOULD LIKE TO STUDY

SUBJECTS IN ORDER OF PREFERENCE:

1. _____

2. _____

3. _____

4. _____

PARENTS' SIGNATURES

Signed: _____ Date: _____

Signed: _____ Date: _____

Please complete and return this form to the Admissions Office