

Senior School Headmistress  
Mrs Anna King MEd MA (Cantab), PGCE

Prep School Headmistress  
Mrs Amélie Morgan MA BA (Hons) PGCE

NOTRE  
DAME  
SCHOOL



# REGISTRATION FORM

RECEPTION, YEAR 3 (7+), YEAR 9 (13+) AND SIXTH FORM

Now enrolling for September 2020/21

YEAR 7 (11+) ADMISSIONS

Closing date for 2021 Year 7 Entrance Exam registrations: Wednesday 11<sup>th</sup> November 2020

ENTRY TO THE PREP AND SENIOR SCHOOLS IS SUBJECT TO AN ASSESSMENT

(INTERNAL CANDIDATES: ENTRY TO THE SENIOR SCHOOL IS SUBJECT TO ASSESSMENT OF PROGRESS OVER YEARS 4 AND 5)

## 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](mailto: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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