

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

Year 7 Registrations – Closing date for 2021 entry is Wednesday 11th November 2020

Nursery Registrations – please also complete the Nursery Session Preferences Form

Sixth Form Registrations – please also complete the Sixth Form Subjects Form

ENTRY TO THE PREP AND SENIOR SCHOOLS IS SUBJECT TO AN ASSESSMENT - ENTRY TO THE SIXTH FORM IS SUBJECT TO STIPULATED GCSE GRADES
(INTERNAL CANDIDATES: ENTRY TO THE SENIOR SCHOOL IS SUBJECT TO ASSESSMENT OF PROGRESS OVER YEARS 4 AND 5)

PUPIL 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 1 DETAILS:

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

PARENT 2 DETAILS:

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

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

Please give details:	
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DID YOU ATTEND ONE OF OUR OPEN DAYS?

Please circle: YES NO	If Yes, date attended:
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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.

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):

REGISTRATION FEE ENCLOSED / REGISTRATION FEE PAID DIRECTLY TO ACCOUNT
 LEARNING OR MEDICAL DIFFICULTY OR DISABILITY DOCUMENTATION CONTINUATION PAGE
 NURSERY SESSION PREFERENCES FORM IF APPLICABLE (PLEASE COMPLETE FOR ALL NURSERY REGISTRATIONS)
 SIXTH FORM SUBJECTS FORM IF APPLICABLE (PLEASE COMPLETE FOR ALL SIXTH FORM REGISTRATIONS)

EQUAL OPPORTUNITIES

Please tick the appropriate description below to indicate your child's 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.

WHITE

- British
- Irish
- Any other White background, please write below.

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write below.

MIXED RACE

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed Race background, please write below.

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background, please write below.

CHINESE

- Chinese

OTHER ETHNIC GROUP

- Any other background, please write below.