



REGISTRATION FORM

To be completed by those with Parental Responsibility* for the child

Application to Prior Park Gibraltar

Please print clearly in CAPITALS

PUPIL'S DETAILS

Pupil's name in full (as shown on passport):

First name:

Middle Name

Surname:

Date of birth:

Year of entry:

Term of entry:

ENTRY INTO PRIOR PARK GIBRALTAR: YEAR: 7 8 9 10 11 12

GENDER: Male Female

Nationality:

Country of origin:

First language:

Religious denomination:

Name of present school:

Address of present school:

Dates of attendance:

Name of Head:

Email address of current Head (if known):

Other schools the pupil has applied to:

How did you hear about us?

Referral

Internet

Advertisement

Other

PARENTS' DETAILS

Father **

Mother **

TITLE

NAME

ADDRESS

OCCUPATION

NATIONALITY

HOME TEL

WORK TEL

MOBILE

EMAIL

**If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child:

Any parent circumstances we should be aware of: (please state)

Name(s) of sibling(s) and school(s) attending: (please state)

Any connection with Prior Park Schools? (please state)

*Parental responsibility is defined in the Children Act 2009 as "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property". It equates to legal responsibility for the child. If you have any doubts about whether you do or do not have parental responsibility for the child you may wish to seek legal advice.

EDUCATION, HEALTH AND CARE

Has your child received any support in their previous school(s), for example, booster group, TA support or EAL support? Please give details / dates:

Are there any circumstances or conditions relating to your child of which the School should be aware? Please tick as appropriate:

ADHD <input type="checkbox"/>	Allergies (please specify) <input type="text"/>	Autism <input type="checkbox"/>
Dyslexia <input type="checkbox"/>	Dyspraxia <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
Visual impairment <input type="checkbox"/>	Other (please specify) <input type="text"/>	

Please enclose the most recent Education Psychologist’s report if you have one. Please also send us any relevant medical, special needs or other educational reports you may have.

DATA PROTECTION

We consent to the School obtaining, using and holding ‘personal data’ including ‘sensitive personal data’ such as medical information, to be processed lawfully and fairly in accordance with the Data Protection Act 1998, for the purposes of safeguarding and promoting the welfare of our child and ensuring that all relevant legal obligations of the School and ourselves are met.

DECLARATION

We request that the pupil named be registered as a prospective pupil AND we enclose a cheque drawn on a UK bank/sterling banker’s draft/will make a sterling equivalent direct transfer for the non-refundable Registration Fee. Cheques should be made payable to Prior Park Gibraltar.

We understand that:

- Registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection
- The School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child’s personal data (including sensitive personal data) for these purposes
- In the event that our child is offered a place at the School, such an offer will be subject to Prior Park Schools’ terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.

First signature:	Second signature:
Name in full: (please print)	Name in full: (please print)
Relationship to child:	Relationship to child:
Date:	Date:

A copy of the current edition of the standard terms and conditions is available on request.

REGISTRATION FEE PAYMENT UK Bank Cheque Sterling Banker’s Draft Sterling Equivalent Direct Transfer

Please note that our preference is payment by Bank Transfer where possible.

IF PARENTS ARE NOT RESPONSIBLE FOR FEE PAYMENT, PLEASE GIVE DETAILS OF FEE PAYER BELOW

Title	Name:
Address:	
Tel:	Email:

BANKING DETAILS

PRIOR PARK GIBRALTAR

Gibraltar International Bank plc
Ince’s House, 310 Main Street, Gibraltar
Sort Code: 60-83-14
Account No: 02150002
Account Name: Prior Park School LTD
IBAN: G167GIBK000000215000002
SWIFT CODE: GIBKGIGIXXX

How we may use personal information

The School may process personal data about you (or either of you) and your child, including sensitive personal data about your child (such as medical details) in accordance with data protection law for the purposes of:

- (i) administering its list of prospective pupils;
- (ii) its registration, selection and/or admission procedures, including as set out above; and
- (iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

Even if your child is not offered a place at the School, we retain information about prospective pupils and their parents for up to two years. Please let the Registrar know if you have any questions or concerns about this.

Please return this completed form by hand or by email to:

Prior Park School
Sacred Heart Terrace, Gibraltar
Tel: +350 266 62006
mmor@priorparkschools.com