



Proposed Start Date Year Group of Entry

1 YOUR CHILD _____

Surname of Child

First Names Preferred Name

Nationality Date of Birth

Gender Religion First Language

Primary Address

..... Post Code

2 TYPE OF PLACE (please tick all that apply) _____

Day Full Boarding Weekly Boarding Flexi Boarding Unsure

Have you registered your child's name at any other school (s) and if so, which?

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3 PARENT / LEGAL GUARDIAN 1 _____

4 PARENT / LEGAL GUARDIAN 2 _____

Title

Title

First Name

First Name

Surname

Surname

Day Time Tel No.

Day Time Tel No.

Mobile No.

Mobile No.

Email

Email

Address (if different to the address given in section 1)

Address (if different to the address given in section 1)

.....

.....

..... Post Code

..... Post Code

Occupation

Occupation

5 OTHER PEOPLE WITH PARENTAL RESPONSIBILITY _____

Title (e.g Mrs/Mr) First Name

Surname Mobile Number

Address (if different to the address above)

Relationship to child

6 CONNECTIONS WITH THE SCHOOL _____

Please detail any family member attending the School, applying for entry, or other connections with the School

7 CURRENT SCHOOL

Name of current school

Address

Name of Head Dates of Attendance

8 MORE ABOUT YOUR CHILD

Please outline any of your child's hobbies and interests

Please provide us with details of any medical conditions, health problems or allergy affecting your child; any learning difficulty, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child.

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the UK: Yes No

If you have applied for a place through an education agency please give their details.

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If you have applied through an agency, please tick here to confirm that you are happy for us to send correspondence, including invoices, to this agent.

9 NOTES

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. **Please note that we also require a copy of your child's birth certificate, passport and most recent school report. In addition, a registration fee of £100.00 is payable when this form is returned.**

10 DECLARATION

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

I / We understand that the School (through the Head, as the person responsible) 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 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.

Parent / Guardian 1

Parent / Guardian 2

Name in Full

Date of Birth

Relationship to child

Signature

Date

Please return this form and all additional documentation to:

Rebecca Miller, Head of Admissions, Rishworth School, Oldham Road, Rishworth HX6 4QA