

| Ethnic Background | | | | | |
|--|------|-----------------------------------|------------------------|---|----------------------------|
| This information is a statutory requirement from the DfE (Department for Education) required for the Early Years Census. | | | | | |
| If you do not wish to have this information recorded please tick the appropriate box below | | | | | |
| White | WBRI | White British | Asian or Asian British | AIND | Indian |
| | WIRI | White Irish | | APKN | Pakistani |
| | WIRT | White Traveller of Irish Heritage | | ABAN | Bangladeshi |
| | WROM | White Gypsy/Roma | | AOTH | Any other Asian background |
| | WOTH | Any other White background | | MWBC | White and Black Caribbean |
| Black or Black Caribbean | BCRB | Caribbean | Mixed | Mixed | White and Black African |
| | BAFR | African | | MWAS | White and Asian |
| | BOTH | Any other Black background | | MOTH | Any other Mixed background |
| Other Background | CHNE | Chinese | | I do not wish an ethnic background to be recorded | |
| | OOTH | Any other ethnic background | | | |



Pre-school Registration Form

1. PUPIL DETAILS:

All schools are required by law to record details of children admitted. Please complete this form in **BLOCK CAPITALS**. A copy of your child's birth certificate or passport should be enclosed with this form.

Surname of child First name(s)

Middle name(s) Preferred name

Gender Date of birth

Proposed entry date Age on Entry

Place of birth:

2. PARENTS/CARERS WITH PARENTAL RESPONSIBILITY:

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward any correspondence to the separated parents.

Parent/Carer 1 (Preferred title) Full name

Address

Postcode Country

Daytime Tel Mobile no

Evening Tel E-mail

National Insurance Number

Parent/Carer 2 (Preferred title) Full name

Address

Postcode Country

What happens next?

- Once this form has been received by the Admissions Office you will receive a letter acknowledging receipt
- A place will be allocated to your child (all places are allocated on a first come first serve basis)
- We will be in touch offering you opportunities to bring your child to Mill House so you can both get to know us
- One term prior to your child's start date, you will receive a Joining Pack containing lots of important information
- Please read our Admissions Policy (available on the website) for more information.
- Download the Giggleswick App and follow us on Facebook and Twitter

THIS FORM AND ENCLOSURES SHOULD BE RETURNED TO:

Admissions Office, Giggleswick School, Giggleswick, Settle, North Yorkshire, BD24 0DE
T: +44 (0) 1729 893000 E: admissions@giggleswick.org.uk

Daytime Tel Mobile no
Evening Tel E-mail.....
National Insurance Number

The name of any other person with parental responsibility

(Preferred title) Full name
Address
Postcode Country
Daytime Tel Mobile no
Evening Tel E-mail.....

| 3. NAMES OF SIBLINGS OF APPLICANT | Dates of birth | Any connection with the school |
|-----------------------------------|---------------------|--------------------------------|
| | /..... /..... | |
| | /..... /..... | |
| | /..... /..... | |

4. SHARED SETTINGS

Current setting Contact name
Address
Postcode Country
Daytime Tel Mobile no
Evening Tel E-mail.....

5. PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD, INCLUDING ANY IMPORTANT HEALTH/FOOD ALLERGY DETAILS

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NOTES

Early registration is recommended. Registrations will be considered in the order they are received. This registration form does not give rise to a commitment by the school or the parents. The offer of a place is subject to availability and the entry requirements of the School at the time of the offer.

Two signatures to the registration are required unless impractical. A refundable deposit of £50 will be required one term prior to the child's start date.

Bank Account details

Bank address: Barclays Bank, Settle Branch, PO Box 1, 49 High Street, Skipton, BD23 1DH
Sort code: 20 78 91
Account name: Giggleswick School
Account number: 30890340
IBAN number: GB93 BARC 2078 9130 8903 40
Swift code: BARCGB22

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil.

- A cheque for £50 is enclosed
- £50 has been transferred to the school account

First signature Second signature
Name in Full Name in Full
Date /..... /..... Date /..... /.....

PRIVACY

Giggleswick takes your privacy very seriously. For more details, please read our Privacy Statement on our website: www.giggleswick.org.uk. Our current processes comply with General Data Protection Regulation, introduced in May 2018.