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E-mail: registrar@moorpark.org.uk



Moor Park
Ludlow
Shropshire
SY8 4DZ

Registration Form

(This document will form part of your contract with Moor Park.)
Confidential information may be given in a covering letter.
You must complete a separate form for each child.

Details of Pupil

Surname (block capitals please).....

Forenames.....

(please bold / underline the name generally used)

Boy Girl Day Pupil

Nationality.....

Flexi

Boarder

(Please tick as appropriate)

Date of Birth.....

Pupil's Religion.....

Ethnic Origin - please circle where appropriate:

White: British/Irish/any other White Background

Mixed: White & Black Caribbean/White & Black African/White & Asian/Any other mixed background **Asian or Asian**

British: Indian/Pakistani: Bangladeshi/Any other Asian Background

Black or Black British: Caribbean/African/Any other Black Background

Chinese

Prefer not to say

Any other ethnic Background.....

What is your child's first language?.....

What other language(s) does your child speak?.....

How long has your child been studying English?.....

Term of entry..... Year 20.....

Age then.....years.....months

Name and Address of Present School.....

.....

Details of Parents/Guardian

Parent 1: Full Name..... Title.....

Address.....

..... Post Code.....

Tel (Home).....Business..... Mobile.....

Email.....

Occupation.....

Parent 2: Full Name..... Title.....
Address.....
..... Post Code.....
Tel (Home).....Business..... Mobile.....
Email.....
Occupation.....

Do both parents agree that the pupil should attend the School? Yes/No (delete as applicable)

Is there any other person whose consent is required to the pupil attending the School? Yes/No

If Yes, please give name.....

Full Name, Address and preferred title of Legal Guardian(s) or any additional person who will pay or guarantee payment of fees (if applicable)

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.....
.....
.....

Please state with whom the child resides (compulsory)

How did you hear about Moor Park?.....

Local reputation Present School Friends Advert

Other

(Please give details)

Do you have any connection with the school? Yes No
(if yes please give details)

.....
.....
.....

Do you have a family link to a house (Foster, Salwey, O'Brien, Inchquin)? If so please provide details

.....

Moor Park finds it most helpful to know your child's academic strengths and weaknesses. As such, we would be grateful if you would complete the following 4 questions:

1. What are your child's academic strengths?

.....
.....

2. What areas does your child find difficult?

.....
.....

3. Have any areas of development (positive and negative) been highlighted by previous schools

.....
.....

4. Does your child have any identified Special Education Needs?

.....
.....

Is there anything else you would like us to know about your child?

.....
.....
.....

Please tick as appropriate and if 'yes' provide more information on another sheet of paper if necessary.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does your child have any medical conditions including allergies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your child have any physical disabilities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your child have any learning difficulties? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you registered your child at any other schools? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If Yes, please name school/s

Declaration

We request that the above-named child be registered as a prospective pupil. The non-returnable fee of £100/child under 5 or £120 for a child over 5 (EU applicants) / £480/child (non EU applicants) has been made by bank transfer to HSBC plc, Sort Code 40-47-17, Account no. 22754533 quoting your child's name in the reference For international payments please use IBAN: GB43HBUK40471722754533 or BIC: HBUKGB4109U. Alternatively, a cheque, made payable to Moor Park Charitable Trust Limited, for the respective amount is enclosed.

We understand also that the school may obtain, process and hold personal information about our child, including sensitive information such as medical details, if a place is offered, in order to safeguard and promote the safety of our child.

(Each to sign and print name)

| | |
|-------------------|-------------------|
| Signature 1 | Signature 2 |
| Name in Full..... | Name in Full..... |
| Date..... | Date..... |

If applicable, the signatures of Step-parent(s)/Legal Guardian(s) or Guarantor of the fees.

| | |
|----------------------------|----------------------------|
| Signature..... | Signature..... |
| Name in Full..... | Name in Full..... |
| Relationship to pupil..... | Relationship to pupil..... |
| Date..... | Date..... |

Both parents should sign above. Guardian(s) may only sign if they agree to be legally responsible for payment of fees.