

# Registration Form

PLEASE USE BLOCK CAPITALS



**St Edward's**  
CHELTENHAM

## About Your Child

Child's Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Preferred Forename \_\_\_\_\_ Male Female DOB (dd/mm/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Nationality \_\_\_\_\_ First Language \_\_\_\_\_ Religion \_\_\_\_\_

Country of Birth \_\_\_\_\_ Siblings at the school (if any) \_\_\_\_\_

## Ethnic Origin (Please tick the box that best describes your child's ethnic origin)

### White

British

Irish

Other White

### Black / Black British

Caribbean

African

Other Black

### Asian / Asian British

Indian

Pakistani

Bangladeshi

Other Asian

### Mixed / Dual

White & Black Caribbean

White & Black African

White & Asian

Other Mixed

### Chinese

Chinese

Any other Ethnic Background (please specify): \_\_\_\_\_

Is your child registered with any other schools/nurseries?  No  Yes, please specify:

## Proposed Entry

Proposed Date of Entry & Year Group \_\_\_\_\_

*Kindergarten Only:* Days Required  Mon  Tues  Wed  Thurs  Fri

## Parent/Guardian Contact Details (all those with parental responsibility must complete and sign this form)

### Parent/Guardian 1

### Parent/Guardian 2

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Business/Employer Name \_\_\_\_\_

Former pupil of St Edward's

UK Military / Defence

Other Military / Defence

**Present School / Nursery (if applicable)**

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Head's Name \_\_\_\_\_ Date of Admission \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Further Details**

This section must be completed for all prospective pupils. The School requires this information so that we can consider what adjustments, if any, the School can make in order to accommodate your child.

- 1) Does your child have any English as an Additional Language needs?  Yes  No
- 2) Please provide us with details of any special circumstances relating to your child's health, including details of any disability, special educational needs or other circumstances which may affect your child's ability to fully participate in the educational provision provided by the School (continue on a separate sheet if necessary).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note that the School may request further information during the admissions process, such as a medical certificate and/or a current educational psychologist's report, that the School considers necessary to make a fair assessment.

**Payment of School Fees**

If parents listed overleaf are not the main financial provider for payment of School fees, please confirm who will take financial responsibility: e.g. grandparents, employer etc.

Name/Employer Name: \_\_\_\_\_

Invoice Address: \_\_\_\_\_

**Declaration**

I/We request that the above-named child be considered for a place at St Edward's. I/We declare that:

- I/We acknowledge that this Registration Form does not constitute an offer of a place at the School.
- No other person's signature is required to register my/our interest of a place at the School for my/our child.
- I/We give consent to the School processing my/our personal data and my/our child's personal data (including sensitive personal data) for the purpose of administering its list of prospective pupils and for the purposes of assessment, including seeking references from my/our child's current/previous educational establishment and confirmation that all fees have been paid (where applicable).
- I/We confirm that the information provided in this Registration Form is correct and up to date.
- I/We will immediately inform the School if any details provided in this Registration Form change.

**All those with parental responsibility (where applicable) for the above named child are required to sign this form.**

**Parent/Guardian 1**

**Parent/Guardian 2**

**Signed** \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

\_\_\_\_\_

**Please return the completed form together with the non-refundable registration fee of £75 per child, by bank transfer (Account number: 01084143 Sort Code: 40-17-53) or cheque (St Edward's School) to:**

Prep School Admissions Office  
 St Edward's Preparatory School  
 London Road, Charlton Kings  
 Cheltenham GL52 6NR  
 Email: PrepAdmissions@stedwards.co.uk

Senior School Admissions Office  
 St Edward's Senior School  
 Cirencester Road, Charlton Kings  
 Cheltenham GL53 8EY  
 Email: SeniorAdmissions@stedwards.co.uk