



ESTABLISHED 1929

Gosfield School

School Registration Form

Thank you for taking an interest in Gosfield School. In order to register your son/daughter please complete this form and return to the Admissions Office.

This registration form does not give rise to a commitment by the school, or by the parents. The offer of a place is subject to availability and the entry requirements of the school at the time of the offer.

PUPIL'S DETAILS

First name (s) _____ Pupil's Legal Surname _____

DOB _____ Gender _____

Proposed date of entry _____ Autumn/Spring/Summer Term 20 _____ (Please circle)

At age _____ Into Year group _____

If the child is known by another name, please add here _____

Permanent Address _____

PARENT/CARER DETAILS

PARENT/CARER 1

PARENT/CARER 2

Title _____

Title _____

Full name _____

Full name _____

Occupation _____

Occupation _____

Home No. _____

Home No. _____

Work No. _____

Work No. _____

Email _____

Email _____

Do you have parental responsibility?

(If no, please provide written permissions from the person (s) with parental responsibility confirming they are in agreement with the application) Please indicate below.

| | | | |
|---------------|---------------|---------------|---------------|
| PARENT | YES/NO | PARENT | YES/NO |
|---------------|---------------|---------------|---------------|

Does another person (s) also have parental responsibility? Yes/No
Do they agree with the application being made? Yes/No
Are you privately fostering this child? Yes/No
Has your child ever been excluded from their current or previous schools – either fixed period (1 day, 2 days etc) or permanent exclusions? Yes/No

Please provide emergency contacts which may be used when primary parents/carers are not available:

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Title _____

Title _____

Full name _____

Full name _____

Home No. _____

Home No. _____

Work No. _____

Work No. _____

Email _____

Email _____

SIBLINGS

If you have another child at this school, please enter the details below

Full name _____ Date of Birth _____

Offers are dependent upon a satisfactory confidential reference from your child's present school. Please indicate whether you agree to our contacting the school at this stage. Yes/No

Does your child have any medical requirements or health/food allergies that we should be aware of?

Yes/No *If Yes, please specify* _____

Do you currently have any concerns about your child's development?

Yes/No *If Yes, please specify* _____

Are there any special circumstances relevant to the applicant, such as a Court Order that we should be aware of?

Yes/No *If Yes, please specify* _____

Does your child have any statement of specific educational needs, or any additional learning support?

Yes/No *If Yes, please specify* _____

Please complete and return this form to the Admissions Office along with a non-refundable registration fee of £75.00. Payment can be made by cheque (Made payable to Gosfield School Limited, cash or by BACs

Sort Code 60-09-29 Bank Account number 42802180

Please use your child's name as payment reference.

DECLARATION

I request that the name of the above mentioned child be registered as a prospective pupil of Gosfield School. I understand that my details will remain on the School's Database until I request removal. I understand that the £75.00 registration fee is non-refundable.

Name in Full (Capitals) _____

Relationship to Child _____

Signature _____ Date _____