



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)	<input type="text"/>	Pupil's Legal Surname	<input type="text"/>
DOB	<input type="text"/>	Gender	<input type="text"/>
Proposed date of entry	<input type="text"/>	Autumn <input type="checkbox"/> Spring <input type="checkbox"/> Summer Term <input type="checkbox"/>	(Please tick)
At age	<input type="text"/>	Into Year group	<input type="text"/>

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

Permanent Address

### PARENT/CARER DETAILS

#### PARENT/CARER 1

Title	<input type="text"/>
Full name	<input type="text"/>
Occupation	<input type="text"/>
Home No.	<input type="text"/>
Work No.	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Do you have parental responsibility?

Yes  No

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

#### PARENT/CARER 2

Title	<input type="text"/>
Full name	<input type="text"/>
Occupation	<input type="text"/>
Home No.	<input type="text"/>
Work No.	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Do you have parental responsibility?

Yes  No

# School Registration Form - 2/3

- 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

## EMERGENCY CONTACT DETAILS

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

### EMERGENCY CONTACT 1

Title

Full name

Home No.

Work No.

Email

### EMERGENCY CONTACT 2

Title

Full name

Home No.

Work No.

Email

## SIBLINGS

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

Full name  Date of Birth

## ADDITIONAL INFORMATION

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  Name of School and Contact

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

# School Registration Form - 3/3

## PAYMENT

Please complete and return this form to the Admissions Office along with a non-refundable registration fee of £100.00.

Payment can be made by cheque (Made payable to Gosfield School Limited), cash or by BACs.

Cheque  Cash  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 £100.00 registration fee is non-refundable.

Name in Full (Capitals)	<input type="text"/>
Relationship to Child	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>