



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 £125.00.

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 £125.00 registration fee is non-refundable.

Name in Full (Capitals)

Relationship to Child

Signature

Date