



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 £150.00.

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

Cheque ☐ Cash ☐ BACs ☐

Bank Name: Barclays Bank Plc  
Account Name: Gosfield School Ltd  
Account number: 43086992  
Sort Code: 20-74-21

*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 £150.00 registration fee is non-refundable.

Name in Full (Capitals)

Relationship to Child

Signature

Date