

Salcombe Preparatory School Registration Form



1) Pupil Details

| | | | |
|---|--|------------------------|--|
| First name | | Gender | |
| Middle name | | Date of Birth | |
| Surname | | Nationality* | |
| Preferred name | | Religion | |
| Ethnicity | | Other languages | |
| Main language at home | | Year group | |
| Address | | Proposed date of entry | |
| | | | |
| Post code | | | |
| <p>*Please enclose a copy if the ID page of your child's passport, visa (if applicable) and a copy of their full birth certificate</p> | | | |

2) First parent's details

| | | | |
|-------------------|--------------------------------|-------------------------|--|
| Title : | | Relationship to child | |
| First name | | Marital Status | |
| Surname | | Nationality | |
| Occupation | | Parental Responsibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address | <i>If different from above</i> | | |
| | | | |
| Daytime phone no. | | Evening phone no. | |
| Email address | | | |

3) Second parent's details

| | | | |
|-------------------|--------------------------------|-------------------------|--|
| Title: | | Relationship to child | |
| First name | | Marital Status | |
| Surname | | Nationality | |
| Occupation | | Parental Responsibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address | <i>If different from above</i> | | |
| | | | |
| Daytime phone no. | | Evening phone no. | |
| Email address | | | |

4) School Details

| | | | |
|--|--|---------------|--|
| Current School/Nursery | | Head Teacher | |
| Address | | | |
| Post code | | Contact no. | |
| Have you registered your child at any other schools? If so, please list them here | | | |
| | | | |
| Please mention below any other family members who attend Salcombe; or any other connection with the School | | | |
| | | | |
| Please mention below any younger siblings you may wish to register at a later date | | | |
| Name | | Date of Birth | |
| Name | | Date of Birth | |

5) Educational Needs

| | | | | |
|---|-----|--|----|--|
| Has your previous education provider (Nursery, School) ever highlighted to you any specific educational or behavioural needs of your child? If yes, please outline below | Yes | | No | |
| | | | | |
| Has your child ever been referred to an outside agency for an external assessment such as an Educational Psychologist, Clinical Psychologist or Speech and Language Therapist? If yes, please detail below and provide a copy of the report with this registration form | Yes | | No | |
| | | | | |
| Do you have any concerns about your child's development that have not yet been highlighted by an educational professional? If yes, please outline below | Yes | | No | |
| | | | | |

6) Other information

| | | | | |
|---|-------------------------------|--|---------|---------------|
| Please outline below your child's interests and hobbies and any artistic, musical or sporting skills or experience | | | | |
| | | | | |
| Please provide us with details of any dietary requirements, medical conditions (incl. allergies) or disabilities relating to your child | | | | |
| How did you hear about us? | Local Reputation | | Sibling | |
| | | | Friends | |
| | | | | Advertisement |
| School website | Other (please give details) : | | | |

7) Declaration (please ensure that both parents sign this form)

We request that the name of our above-named child be registered as a prospective pupil. (Proof of a bank transfer for the non-returnable registration fee of £100 is enclosed). We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

| | |
|--|------------------------|
| First signature: | Second signature: |
| Name in full: | Name in full: |
| Relationship to child: | Relationship to child: |
| Nationality*: | Nationality*: |
| *We require a copy of the passport ID page and valid UK visa for both parents if necessary. | |
| Date | Date: |

Please complete this form and return to the Registrar, together with the non-returnable fee of £100

Bank transfer details -

Bank Name: HSBC

Account Name: Salcombe Preparatory School

Sort code: 40-41-70

Account Number: 40021881



Please use your child's name as the payment reference to allow us to correctly allocate the payment.

| Checklist | |
|--|--|
| Registration form signed by both parents | |
| Registration Fee (paid by bank transfer) | |
| Copy of Child's Full (long) Birth certificate | |
| Copy of Child's passport ID page | |
| Copy of two forms of Proof of Address (both less than 6 months old). Valid documentation includes bank statement (not credit card) and utility bill (not mobile phone) | |
| Copy of both parent's passport ID page and Visas (both sides), if applicable | |
| Copy of child's most recent school or nursery report | |
| Copies of any reports or assessments from outside agencies (if applicable) | |

8) Notes

- a) Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.
- b) At Cognita we look after your personal information and only use your personal information for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices; these are available here: <https://www.salcombeprep.co.uk/privacy-and-cookie-policies>

Cognita Registered Office:

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