## **REGISTRATION FORM**



| Pupil's Surname                                |                         |                                       | Date of Birth                       |  |
|--|-------------------------|---------------------------------------|-------------------------------------|--|
| First Names (Please underline preferred name)  |                         |                                       |                                     |  |
| Gender   | Religion                |                                       | Ethnicity                           |  |
| Nationality                                    | First Language          |                                       | Second Language                     |  |
| School Year Group on Entry                     | Month and Year on Entry |                                       |                                     |  |
|  |                         |                                       |                                     |  |
| Parent/Guardian's Title and Full Name          |                         | Parent/Guardian's Title and Full Name |                                     |  |
| Relationship to child                          |                         | Relationship to child                 |                                     |  |
| Occupation                                     |                         | Occupation                            |                                     |  |
| Mobile Number                                  |                         | Mobile Number                         |                                     |  |
| Home Number                                    |                         | Home Number                           |                                     |  |
| Work Number                                    |                         | Work Number                           |                                     |  |
| Email Address                                  |                         | Email Address                         |                                     |  |
| Address Please tick if child's home address    |                         | Address                               | Please tick if child's home address |  |
| Postcode                                       |                         | Postcode                              |                                     |  |
| '  |                         |                                       |                                     |  |
| Name of Present School/Nursery (If applicable) |                         |                                       |                                     |  |
| Address  |                         |                                       |                                     |  |
| Date of Attendance                             |                         | Contact Number                        |                                     |  |

| Sibling's Name (Not currently at St Nicholas' School)  | Date of Birth  |  |  |  |
|--|----------------|--|--|--|
| Gender   | Current School |  |  |  |
| Sibling's Name (Not currently at St Nicholas' School)  | Date of Birth  |  |  |  |
| Gender   | Current School |  |  |  |
| Please mention here the <b>names</b> of any other members of the family <b>attending the School</b> or <b>registered for entry</b> . |                |  |  |  |
| Any Medical Condition, Health Problem or Allergy?  |                |  |  |  |
| Any Learning Difficulty, Disability or Special Education Need?   |                |  |  |  |
| Any Behavioural, Emotional and/or Social Difficulty?   |                |  |  |  |
| If you have answered Yes to any of these questions, please provide any necessary information below.                                  |                |  |  |  |
| For marketing purposes, please can you tell us how you found out about the school.   |                |  |  |  |

## **Final Declaration**

We apply to register the child named overleaf for a place at St Nicholas' School. We understand that it does not constitute a legally binding contract with the School, and we enclose a non-refundable registration fee of £100.00.

Payment can be made by Bank Transfer: Barclays Bank Plc. Account Name: **St Nicholas' School Fleet Educational Trust Limited**. Sort Code **20-16-99**. Account Number **50200336**, using your child's name as a reference. Please return the completed registration form to the Registrar via email at <a href="mailto:registrar@st-nicholas.hants.sch.uk">registrar@st-nicholas.hants.sch.uk</a>.

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The General Data Protection Regulation (EU 2016/679) and the UK Data Protection Act 2018. The information requested in this form will be used and retained by St Nicholas' School for the purposes of registration, administering your child's education, and communication with you regarding that and the activities of the School generally. By completing this form, you consent to the School using your data in this way. For further information about how the School collects and uses your data and your legal rights, please see our privacy notice which is available on our website.

| Signature of Parent/Guardian | Date |
|------------------------------|------|
| Signature of Parent/Guardian | Date |