



REGISTRATION FORM

(to be completed by parent or guardian)

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL FIELDS

Surname of child:	Gender:	
Forenames (in full):	Preferred Forename:	
Date of birth:	Nationality:	
	Religion:	
Proposed year and term of entry:	Place required: <i>Á</i>	
Name of present school:		
Address:		
Date of entry:	Head Teacher:	
Parental Details:	<i>Father</i>	<i>Mother</i>
Title		
Other <i>(please specify):</i>	Other <i>(please specify):</i>	
Full name:		
Address:		
Postcode:		
Telephone numbers:		
Home:		
Business:		
Mobile:		
E-mail address:		
Occupation:		
Former pupil of Trinity School or the Convent of Notre Dame?		
If 'Yes', years attended:		
Natural parent?		
If 'No', please state the name of the natural parent and their involvement in the child's education:		

Are there any circumstances relating to your child of which the School should be aware?

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ADHD

Hearing impairment

Aspergers Syndrome

Visual impairment

Dyspraxia

Dyslexia

Autism

Allergies *(please specify)*

Other *(please specify)*

Please enclose a copy of the most recent Education Psychologist's report, if you have one

Declaration

We request that the above-named child be registered as a prospective pupil AND we enclose a cheque for the non-refundable Registration Fee of £50 (cheques to be made payable to 'Trinity School').

We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School;
2. the School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
3. in the event that our child is offered a place at the School, such an offer will be subject to the School's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.

First signature:

Second signature:

Name in full:

Relationship to child:

Date:

A copy of the current edition of the standard terms and conditions is available on request.

For Office Use Only:

Yr group:

Start date:

Registration Form received:

Registration paid:

Acceptance Form received:

Deposit paid:

Additional notes: