

Saint Christina's School

25 St Edmund's Terrace, London, NW8 7PY

Telephone: 020 7722 8784

Email: bursar@saintchristinas.org.uk



Registration Form

IMPORTANT – All holders of parental responsibility must sign and complete this Registration Form.

DECLARATION

We, as the holders of parental responsibility for him/her wish to apply for a place at the School for _____.

We have arranged a bank transfer for the **non-refundable** Registration Fee of £180 (including VAT) which has been paid to St Christina's School: Sort code 60-18-20; Account number 96809515 (please give your child's surname as the reference).

By signing this Registration Form we understand, accept and agree that:

1. our application 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. if 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;
3. a copy of the current terms and conditions (known as the School's parent contract) is available for your information upon request at any time, but please note that the version of the parent contract supplied may be subject to change prior to the point in time when a place at the School for your child may be offered;
4. all holders of parental responsibility for the child named above have signed this Registration Form and that no one else holds parental responsibility for him or her;
5. our child has the right to enter, live and study in the United Kingdom and, if applicable, we have made appropriate arrangements for our child's visa application, travel, reception, living and care in the UK.
6. if applicable, the School may request from our child's present school or educational institution: (a) information and a confidential reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;
7. the information provided in this Registration Form is true, accurate, complete and not misleading. We will notify the School if there are any changes to the information provided to the School or our and/or our child's circumstances; and

Signed by: (signature) (print name) (date) (relationship to child)	Signed by: (signature) (print name) (date) (relationship to child)
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How we may use personal information

The School may process personal data about you (or either of you) and your child, including sensitive personal data about your child (such as medical details) in accordance with data protection law for the purposes of:

- (i) administering its list of prospective pupils;
- (ii) its registration, selection and/or admission procedures, including as set out above; and
- (iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

Even if your child is not offered a place at the School, we retain information about prospective pupils and their parents for one year. Please let the Bursar know if you have any questions or concerns about this.

Further information about how the School processes personal data is set out in the School's *Privacy Notice*, which is on the School's website and is otherwise available from the School at any time upon request.

CHILD'S DETAILS

Surname:				
First name:				
Preferred name (if applicable):				
Sex:	Boy:		Girl:	
Date of birth:				
Nationality(ies):	British:			
	Other: <i>(please specify)</i>			
Proposed date of admission (state term and year):				
Is English your child's first language? <i>If not, please state his/her first language.</i>	Yes:		No:	
Religion: <i>Please provide a copy of any Baptism Certificate</i>				
Parish where you regularly worship:				
PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE OR PASSPORT				

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PARENTS' DETAILS

Relationship to child	Father*	Mother*
Title:		
Full Name:		
Address:		
Occupation:		
Nationality(es):		
Home tel:		
Work tel:		
Mobile tel:		
E-mail address(es):		

***If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:**

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SPECIAL EDUCATIONAL NEEDS, HEALTH AND MEDICAL CONDITIONS, DISABILITIES

IMPORTANT – Please provide all details of any health or medical conditions, special educational needs, disabilities or allergies that your child has (whether underlying, short-term or long-term, including any infections). Please tick as appropriate, and provide all relevant details, including any reports or other materials.

ADHD		Allergies <i>(please specify below)</i>		Asperger's Syndrome	
Autism		Dyslexia		Dyspraxia	
Hearing impairment		Visual impairment			
Other <i>(please specify below)</i>					

Please use this space to:

- Specify details around needs identified above.
- Outline details around support or extra provision your child is currently or will be receiving to support their learning.

PLEASE NOTE – If you withhold or otherwise misrepresent any information of this nature, this may result in the School declining to make an offer of a place to your child or exercising its right to terminate the Parent Contract if an offer of a place is made and accepted by you.

PERSONS WITH PARENTAL RESPONSIBILITY FOR THE CHILD ARE REQUIRED TO UPDATE THE SCHOOL SHOULD THERE BE ANY CHANGES TO THEIR CHILD'S EDUCATIONAL NEEDS OR MEDICAL CONDITIONS.

GENERAL

Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the School:

Please state name and address of your child's present school or educational institution (with date of entry):

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