



# Registration Form

(PLEASE WRITE IN BLOCK LETTERS)

## Braeside School

130 High Road, Buckhurst Hill, Essex IG9 5SD

T: 020 8504 1133 F: 020 8505 6675

[www.braesideschool.co.uk](http://www.braesideschool.co.uk)

Please complete this form in as much detail as possible. We need this information to be able to process your application for a place for your child. All information requested is mandatory. If you do not complete any of the sections in full this may jeopardise or delay your application.

YOUR CHILD			
Surname of your Child		First Name(s) (Underline preferred name)	
Home Address		Postcode	
Telephone		Gender	Female
Date of Birth		Age at Proposed Entrance	Years      Months

NATIONALITY			
Nationality		Child's First Language	
Other Languages Spoken			

FIRST SIGNATORY			
Full Name			
Title (e.g. Mr/Mrs/Dr)		Relationship to Child	
Home Address		Postcode	
Day Telephone		Evening Telephone (if different)	
Mobile (if different)		Email Address	
Occupation			
Employer's business name and address			

SECOND SIGNATORY			
Full Name			
Title (e.g. Mr/Mrs/Dr)		Relationship to Child	
Home Address		Postcode	
Day Telephone		Evening Telephone	
Mobile		Email Address	
Occupation			
Employer's business name and address			

TYPE OF PLACE REQUESTED (please tick)			
Nursery	Pre-Preparatory	Preparatory	Senior
Proposed Term of Entry		Term	Year
Have you registered your child at any other school(s) and if so, which?			

COMMUNICATION	
Is there joint responsibility for the child?	
If parents are separated, with which parent should the school communicate?	

OTHER PEOPLE WITH PARENTAL RESPONSIBILITY			
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step parent and their consent to the child attending the school will be required if an offer of a place is made.			
Full Name			
Title (e.g. Mr/Mrs/Dr)		Relationship to Child	
Home Address		Postcode	

PAYMENT OF FEES			
If someone other than the first and/or second signatories is to pay the School fees for your child please provide their details below.			
Full Name			
Title (e.g. Mr/Mrs/Dr)		Relationship to Child	
Home Address		Postcode	

CONNECTIONS WITH THE SCHOOL	
Are any of your child's sisters or other relatives current or past pupils at Braeside School?	
Do you hold any other connections to Braeside School?	

PLEASE INDICATE HOW YOU FIRST HEARD OF BRAESIDE SCHOOL (please tick)			
Local Reputation	Present School	Friends	Advertisement
Website	Other (give details)		

PRESENT SCHOOL (if applicable)			
Present nursery or school of child		Name of Headteacher	
Address		Postcode	
Dates of Attendance			

SKILLS, EXPERIENCE, HOBBIES AND INTERESTS	
Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)	
Please give an outline of your child's other hobbies or interests (if applicable)	

<b>MEDICAL CONDITIONS</b> (please tick)		
Please use the Confidential Information Form on the final page to provide us with details of any medical condition, allergy or health problem affecting your child, any learning difficulty, special educational need, or disability as well as any behavioural, emotional and / or social difficulty of which we should be aware.	Details Attached	Not Applicable
The requirement to provide this information shall continue until such time as any offer of a place at the School is accepted by you.		

<b>NOTES</b>
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 School's <i>Terms and Conditions</i> will be supplied on request, and in any case on the offer of a place.
If you would like further information about how the School processes personal information, please see our Data Protection Policy and Privacy Notice, which are published on our website.

<b>HOW WE WILL USE THE INFORMATION PROVIDED IN THIS FORM</b>
This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School. For example:
<ul style="list-style-type: none"> <li>a) We may contact your child's current school to ask for a reference;</li> <li>b) We may ask for information about other schools to which you are applying because they may hold their entrance exam on the same day as ours;</li> <li>c) We may contact other people with parental responsibility to check that they consent to your child joining the School;</li> <li>d) The Confidential Information Form will be used to ensure that we have made any reasonable adjustments / suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;</li> <li>e) We may share your information with credit reference agencies.</li> </ul>
If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.
For more information about how the School will use your information, please see our Data Protection Policy and Privacy Notice. Both of these documents are published on the School's website: <a href="http://www.braesideschool.co.uk">www.braesideschool.co.uk</a> . If your child is aged 12 years or older please show her a copy of the pupil privacy notice and discuss it with her.

<b>DECLARATION</b>
I / We request that our child named above is registered as a prospective pupil at Braeside School.
I / We have paid by bank transfer * / credit card * / debit card * the non-refundable Registration Fee of £40 before returning this completed Registration Form duly signed by me / us.
(*Please delete as applicable)

<b>SIGNATURES</b>		
	First Signatory	Second Signatory
Signature		
Name in Full (please include all names)		
Date of Birth (optional)		
Relationship to Child		
Date		

<b>FOR OFFICE USE ONLY</b>			
Date Received		Code	
Fee Paid		Entry Date	

**CONFIDENTIAL INFORMATION FORM**

All information received in this form will be treated in confidence

Child's Full Name	
Name of First Signatory (as appears on Registration Form)	
Name of Second Signatory (as appears on Registration Form)	

Please disclose any medical condition, health problem or allergy affecting your child.

If applicable to your child, it will also help us plan for your arrival, if you can let us know of any:

- Learning difficulty
- Special educational need
- Disability
- Behavioural, emotional and / or social difficulty.

The information provided in this form will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require.

The information requested on this form is needed because the School has contractual and statutory duties towards your child. For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice.

**DETAILS**