



EATON SQUARE
KENSINGTON

REGISTRATION FORM

Request for a place

Your child				
Surname of your child				
First names (underline preferred name)				
Nationality		Date of birth		Religion
Type of place (please tick)				
Pre-Preparatory (Nursery and Reception)		Preparatory (Year 1 to Year 6)		
Proposed term and year of entry				
Have you registered your child's name at any other school(s) and if so, which?				
Parent 1/Legal Guardian 1				
Title (e.g. Mr)				
Full name				
Day-time telephone		Evening		Mobile
E-mail address				
Address (including postcode)				
Occupation				

Registrar/ Secretary	Registration Fee	Waiting List	First Letter	School Database
School report & birth cert	Declaration	Class List	Offer Letter	Deposit paid

Employer's business name and address	
Parent 2/Legal Guardian 2	
Title (e.g. Mrs, Ms)	
Full name	
Day-time telephone	Evening
	Mobile
E-mail address	
Address (including postcode)	
Occupation	
Employer's business name and address	
Other people with parental responsibility including Private Fostering Arrangements	
Please provide the name(s) and current address(es) of any other person with responsibility (i.e. Nanny) for the above named child.	
Title	
Full name	
Address (including postcode)	
Connections with the School	
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.	

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Please indicate how you first heard of the School			
Local reputation	Present school	Friends	Advertisement
Website	Other (please give details)		
Please state the name and address of the present school (with dates of attendance)			
Name and address of school			
Dates of attendance			
Name of Head			
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)			
Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child, using the attached Confidential Information form (if applicable)			

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Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School (if applicable)

Yes

No

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Nursery pupils will be offered priority spaces over those who aren't currently at our nursery. 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 *Terms and Conditions* will be supplied on request.

Declaration

I / We request that our child named above is registered as a prospective pupil.

I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include 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.

I / We enclose a cheque or confirmation of bank transfer for the non-refundable Registration Fee of £100 together with this completed Registration form duly signed by me / us.

I / We enclose a copy of our child's most recent school report (if applying for a prep school place), and a copy of their birth certificate or passport. I/ We understand that the school will ask to see the original copy of these documents during the appropriate visit to the school.

Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full (please include all names)		
Date of birth		
Relationship to child		
Date		

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