



Registration Form

To be completed by the parents and anyone else with parental responsibility for the child.

CHILD

Surname _____ Gender _____

First Names _____ (preferred name underlined)

Date of Birth Day _____ Month _____ Year _____

Proposed Term of Entry _____ Month _____ Year _____

Nationality _____ Denomination _____

Current Setting:

Name of School or Nursery (if applicable) _____

Title and Name of Head _____

School or Nursery Address _____

_____ Postcode _____

Email Address _____ Telephone Number _____

FIRST PARENT

Title _____ First Name _____ Surname _____

Relationship to Child _____

Home Address _____

_____ Postcode _____

Home Telephone _____ Mobile Telephone _____

Email Address _____ Work Telephone _____

Occupation _____ Nationality _____

Business Name & Address _____

SECOND PARENT

Title_____ First Name_____ Surname_____

Relationship to Child_____

Home Address _____

_____ Postcode_____

Home Telephone_____ Mobile Telephone_____

Email Address_____ Work Telephone_____

Occupation_____ Nationality_____

Business Name & Address_____

If parents have different addresses, please state where the child mainly resides: _____

OTHER PEOPLE WITH PARENTAL RESPONSIBILITY

Does anyone else hold Parental Responsibility for the above-named child? Please circle: Yes /No

If you answered yes above, please provide their name(s) and current address(es) below. They will need to indicate their consent to the child attending the School, if an offer of a place is made, by signing this Registration Form.

Title_____ First Name_____ Surname_____

Relationship to Child_____

Home Address _____

_____ Postcode_____

Home Telephone_____ Mobile Telephone_____

Email Address_____ Work Telephone_____

Occupation_____ Nationality_____

Business Name & Address_____

ETHNIC ORIGIN

Please tick the box that best describes your child’s ethnic origin:

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or Black British | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Mixed British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Irish | <input type="checkbox"/> African |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Other Black | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Prefer Not to Say |
| <input type="checkbox"/> Other Asian | | |

Any other Ethnic Background (please specify): _____

OTHER INFORMATION

Please include here the names and dates of birth of any siblings who may in future be registered for entry:

Is your child registered for any other schools? If so, please specify which:

LOCAL TRIPS

I **agree / do not agree** to the above pupil being taken on local trips, within school time, as and when they arise. I agree this authorisation is valid throughout my child’s education at South Lee.

Signed: _____ Form dated: _____

USE OF PHOTOGRAPHS/VIDEOS BY THE SCHOOL

I **agree / do not agree** to South Lee including photographs/filming of the above pupil in the following: school magazine, press reports, social media, prospectus and on the website.

Signed: _____ Form dated: _____

MARSH FEES REFUND SCHEME (Reception upwards)

(Please see accompanying literature)

I **confirm that I wish to be included** in the Fees Refund Scheme. This Scheme is an **OPT-IN** Scheme. If you wish to be included in the Scheme, you must complete and return the South Lee School Fees Refund Scheme Application Form.

Signed: _____

EQUAL OPPORTUNITIES

As mentioned in the Equal Opportunities Policy, the school will not discriminate against anyone on grounds of their racial or ethnic origin, gender, culture, sexual orientation, religious beliefs or, where practicable, disabilities. The school welcomes pupils with disabilities and will try to meet pupils' needs wherever it reasonably can. The school's policy is to eliminate from the admissions process, as far as possible, any significant disadvantages which may be encountered by disabled applicants, whilst upholding its educational standards.

In order to ensure that the admissions process is as fair as possible for your child, and to allow us to prepare for him or her, we need you to provide us with information about: any medical condition, health problem or allergy affecting your child; any learning difficulty, disability or special educational need of your child; any behavioural, emotional and/or social difficulty of your child. Further information relating to this can be found in the Equal Opportunities Policy and the Accessibility Policy.

Please tick here if your child has been assessed by a professional in relation to any of the above, and if so, please enclose a copy of the report.

Are there any circumstances or conditions relating to your child of which the School should be aware? Please tick as appropriate:

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asperger Syndrome |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Other (please specify): |

Would your child experience practical difficulties in undertaking any assessment connected with the admissions process?

Are there any steps which you believe the school might take to assist your child with the admissions process?

We may contact you to follow up this information and to arrange a meeting to discuss your child's needs and how the admissions process can be adapted to meet those needs.

LANGUAGES

Child's First Language _____

Other Languages & Proficiency Level _____

Main Language spoken by child at home _____

Main Language spoken by parents at home _____

HOW DID YOU FIRST HEAR OF SOUTH LEE?

Please tick as many boxes as are appropriate:

- Personal recommendation Sibling currently at South Lee Website referral *
- Parent(s) is/are former pupil(s) Sibling previously attended South Lee Internet Search *
- Good Schools Guide or similar * Agency or Company referral * Other, please specify:

* Any further details you are able to provide will be most welcome: _____

If you received a personal recommendation please provide further details: _____

PARENTS' BUSINESS / TALENTS / EXPERTISE

We are always trying to find ways of improving and extending the education offered at South Lee. We have a wealth of talent and expertise amongst our parents which could benefit the children, if we knew about it!

The questionnaire below is for parents to fill in, if they wish, and then we will know if there is any parent able to help in certain areas.

We are not looking for "charity" but rather a pool of knowledge and skills, which may be used to the school's and parents' advantage. As an example, perhaps your company may be able to receive a group of children on a visit or provide a speaker.

Obviously, South Lee is always looking for sponsors. Perhaps your company could benefit from advertising as well as supporting the children in a variety of ways.

Have you a hobby or interest that might help the school? Perhaps a keen photographer to help build up a collection for our school magazine; perhaps you enjoy sewing and could help with costumes? Have you a skill which could be of interest to the children? Do not be afraid to put anything down. You would be amazed at the diversity of expertise a school needs and the more offered, the more opportunities there are for your children.

Also, do not be afraid that we will continually call on you – we will not. Should we contact you for anything, we will not be in the least offended if you say no!

Company or type of Business

Father: _____

Mother: _____

Interest and Hobbies

Father _____

Mother _____

Other ways you might be able to help the school or pupils:

DECLARATION

To the Registrar, South Lee School, Nowton Road, Bury St Edmunds, IP33 2BT

I/We (as the person/s with parental responsibility for the above named child) request that his/her name be registered as a prospective pupil of South Lee School.

I/We have arranged an electronic transfer to the School's account(1) for the non-returnable Registration Fee of £25 and, in the event of his/her admission, I/we undertake to conform to all the rules and regulations in force from time to time and to be responsible for the payment of accounts when they become due.

By signing this Registration Form we understand, accept and agree 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 admission to 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(2), which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;
3. if applicable, the School may request from our child's present school or educational institution: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplementary charges;
4. the School may process any personal data about us and our child, including personal data about our child (such as medical details), in accordance with its Terms and Conditions.

First Parent

Signature _____

Name in Full (please include all names)

Relationship to child _____

Date _____

Second Parent

Signature _____

Name in Full (please include all names)

Relationship to child _____

Date _____

CONSENT FROM ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY

I confirm that I give my consent for the above named child to be registered as a prospective pupil at South Lee School and to attend the school should an offer of a place be made.

Signature _____ Relationship to child _____

Name in Full (please include all names) _____

Date _____

(1) Payments by electronic transfer should be made to Account number: 00388098 Sort Code: 30-91-49

(2) The current terms and conditions (known as the School's parent contract) are available from the school office