



Rishworth School

Registration form

Your child			
Surname of your child			
First names(underline preferred name)			
Nationality		Date of birth	Religion
Type of place(please tick all that apply)			
Infant (Reception to Year 2) <input type="checkbox"/>	Junior (Year 3 to Year 6) <input type="checkbox"/>	Senior (Year 7 to Year 11) <input type="checkbox"/>	Sixth Form <input type="checkbox"/>
International Study Stream <input type="checkbox"/>	Bursary <input type="checkbox"/>	Academic Scholarship (Senior School and Sixth Form only) <input type="checkbox"/>	Music / Sport / Drama Scholarship (Senior School and Sixth Form only) <input type="checkbox"/>
Day Pupil <input type="checkbox"/>	Boarder <input type="checkbox"/>		
Proposed term and year of entry			Male / Female
Have you registered your child's name at any other school(s) and if so, which?			
Mother / legal guardian			
Title(e.g. Mr)			
Full name			
Day-time telephone	Evening	Mobile	
E-mail address			
Address (including postcode)			
Occupation			
Employer's business name and address			

Father / legal guardian			
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			
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. Their consent to the child attending the School will be required if an offer of a place is made.			
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.			
Please indicate how you first heard of the School			
Local reputation	Present school	Friends	Advertisement (please give details if possible)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Website <input type="checkbox"/>	Parent of a pupil at the School (please give details if you feel this would be appropriate) <input type="checkbox"/>	Other (please give details) <input type="checkbox"/>
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)		
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 <input type="checkbox"/>	No <input type="checkbox"/>	

Notes

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 *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 Headmaster, 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 the non-refundable Registration Fee of £95 together with this completed Registration form duly signed by me / us.

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		