

Junior School and Kindergarten Registration Form



Pupil Information:

Surname _____ First Names _____

Preferred Name _____ Gender Girl Boy

Date of Birth _____ Proposed date of entry _____

Child's first language _____

Proposed year group entry Kindergarten Reception Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Name(s) of any siblings at King's _____

School History:

Current School _____ Dates attended: From _____ To _____

or

Nursery School _____ Dates attended: From _____ To _____

Parents' or Guardians' Information:

Parent 1 details:

Title _____

First Name(s) _____

Surname _____

Home Address _____

Home Telephone Number _____

Mobile Number _____

Email Address _____

Occupation _____

Business Address _____

Work Telephone Number _____

Parent 2 details:

Title _____

First Name(s) _____

Surname _____

Home Address _____

Home Telephone Number _____

Mobile Number _____

Email Address _____

Occupation _____

Business Address _____

Work Telephone Number _____

If two addresses are shown above, please indicate at which address the child mainly resides: Parent 1 Parent 2

To whom should we send correspondence: Parent 1 Parent 2

Confidential Background Information

Special Educational Needs, Medical Conditions and Physical Needs:

The King's School, Gloucester acknowledges its non-discrimination and planning duty under the Special Educational Needs and Disability Act 2014. You are therefore requested to fully disclose any disabilities which may be relevant to your child's access to the whole curriculum offered by the School.

Please tick if any of the following statements apply to your child and give any details in the space provided below:

Does your child have any specific learning difficulties? Yes No (If yes, please give details below)

Does your child have an Education Psychologist's report? Yes No (If yes, please enclose a copy)

Does your child have any specific medical conditions, either physical or emotional? Yes No (If yes, please give details below)

Details:

(If you need to write additional information, please include on a separate sheet. Please note, a detailed Medical Form will be required to be completed prior to entry).

Declaration by Parent or Guardian:

I/We hereby apply for the admission of our son/daughter to The King's School. I/We declare that:

- I/We acknowledge that this Registration Form does not constitute an offer of a place at the School
- I/We give consent to the School processing my/our personal data and my/our child's personal data (including sensitive personal data) for the purpose of administrating its list of prospective pupils and for the purposes of assessment, including seeking references from my/our child's current school
- I/We confirm that the information provided in this Registration Form is correct and up to date and we will notify the School immediately if any details change.

All those with parental responsibility (where applicable) for the above named child are required to sign this form.

Parent 1 Signature _____ Name _____ Date _____

Parent 2 Signature _____ Name _____ Date _____

Please complete this form and return it by post or email.

Postal address: The Registrar, The King's School, Gloucester GL1 2BG
Email: Registrar@thekingsschool.co.uk.

Please advise the School of any changes as soon as possible.

**All personal data will be stored and processed in accordance with The King's School, Gloucester Privacy Notice.
A copy of this Notice can be found on the School's website.**