



The Mall School

Registration Form

Your Son						
Surname						
First names (underline preferred name)						
Date of birth		Nationality		Religion		
Proposed entry date		Please circle age of entry	4+	7+	8+	Other
Parents' Details						
FATHER/STEPFATHER/GUARDIAN (please delete as appropriate)			Title			
Full name						
Address			Telephone Home			
			Work			
			Mobile			
E-mail address			Occupation			
MOTHER/STEPMOTHER/GUARDIAN (please delete as appropriate)			Title			
Full name						
Address			Telephone Home			
			Work			
			Mobile			
E-mail address			Occupation			
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for your son. Their consent to your son attending the School will be required if an offer of a place is made.						
Further Information						
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.						
With whom does your son live?						

Please indicate how you first heard of the School (please circle)

School website	Present school	Advertisement	Local reputation	Friends
Other (please give details)				
Current school / pre-school				
Name and address of current school				
Dates of attendance				
Name of Head				
Learning Support / Medical Needs				
Has your son, or do you believe that your son has, any medical condition, health problem, allergy, learning difficulty, disability, special education need, behavioural, emotional and /or social difficulty? (If 'yes', please attach details)				Yes / No
Is English your child's first language? (If not, please state his first language)			Yes / No	

Declaration

We (as the holders of parental responsibility for him) request that the name of the above-named child be registered as a prospective pupil of the School **AND** we enclose a cheque for the **non-refundable** Registration Fee of £65 (cheques to be made payable to The Mall School Trust). Alternatively the registration fee can be paid online to The Mall School Trust, Sort Code 30-98-79, Account Number 00586437.

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 selection as a pupil at 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, which will bind us (as the holders of parental responsibility for him) 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 supplemental charges;
4. The School may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
 - (a) Administering its list of prospective pupils;
 - (b) Its registration, selection and/or admission procedures, including as set out above; and
 - (c) Communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full		
Relationship to boy		
Date		

A copy of the School's Terms and Conditions is available on request.