

REGISTRATION FORM



OFFICE USE ONLY

Parent Code _____
Serial No _____
Child Code _____
Name _____

1. Details of Child

Please write in capitals.

Surname _____

Forenames _____
Please underline first name generally used.

Date of Birth _____

Nationality _____

Religious denomination (if any) _____

Intended date of entry to Abingdon Prep _____ Year group on entry _____

Note: Boys joining Abingdon from Abingdon Prep do so at age 13 along with pupils from all other local 13+ prep schools.

Passport-sized
photograph

2. Previous Education

(including nurseries attended)

Present School	Previous School
Date Entered _____ Date left _____	Date Entered _____ Date left _____
Address _____	Previous School _____
_____	Date Entered _____ Date left _____
_____	Previous School _____
Postcode _____	Date Entered _____ Date left _____
Telephone _____	Previous School _____
	Date Entered _____ Date left _____

3. Parents' Particulars

Legal guardians – please complete as appropriate.

Father	Mother
Title _____	Title _____
Full name _____	Full name _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone <small>home</small> _____ <small>work</small> _____	Telephone <small>home</small> _____ <small>work</small> _____
Telephone <small>mobile</small> _____	Telephone <small>mobile</small> _____
Fax <small>home</small> _____ <small>work</small> _____	Fax <small>home</small> _____ <small>work</small> _____
Email _____	Email _____
Occupation _____	Occupation _____
Work address _____	Work address _____
Postcode _____	Postcode _____
Natural Father? Yes / No _____	Natural Mother? Yes / No _____
Where parents have different addresses please indicate where the child lives _____	Are parents jointly responsible for child's education? Yes / No _____
Mother / Father	
	<i>If 'No' please supply details separately in confidence.</i>

Please turn over.



OFFICE USE ONLY

Parent Code _____
Serial No _____
Child Code _____
Name _____

4. Learning Support

Has your child ever had **any** kind of specialist educational assessment or additional learning support in his/her present setting? Yes / No
If 'Yes', please specify and supply details separately.

5. Medical Needs

Please mention any medical condition that might affect your child's life at school

6. Further information

Connection with School (if any)

Details of other children (please give dates of birth)

Have you visited the Abingdon Prep website?

How did you first hear of Abingdon Prep School? Tick all that apply.
Local reputation?
Present school?
Friends?
Advertisement?
Other?
Please give specific details eg agent, directory.

7. Declaration

We request that the above-named child be registered as a prospective pupil AND we enclose a cheque for the non-refundable Registration Fee of £75. Cheques to be made payable to Abingdon School.

We understand 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. the School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
3. in the event that 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 in the event that we accept the place.
4. if our child is currently at another independent school it is our responsibility to ensure that our obligations to that school are honoured in full.

Father's signature

Name in full

Date

Mother's signature

Name in full

Date

Each parent to sign and print name and if applicable, the signatures of legal guardian(s), step-parent(s) or guarantor(s).

Signature

Name in full

Relationship to child

Date

Signature

Name in full

Relationship to child

Date
