

Registration Form

We have one childhood. It has to be the best.

Known as (if different)

Christian names of pupil in full

Surname	Date of birth							
Religious denomination	ious denomination				Nationality			
Name and address of present s	chool (if any)							
Proposed date of entry			Yea	ar Group				
Title:			Title:					
Parent 1: Christian name:			Parent 2: Christian name:					
Surname:			Surname:					
Address:		Address:						
Home number:			Home number:					
Mobile:			Mobile:					
Email:			Email:					
rofession:			Profession:					
Parental responsibility* (please tick): Please denote primary residence for the child (please tick):		=	Parental respons Please denote pr for the child (ple	-				
Parental responsibility is defined as: 'Biological mothers esponsibility for their child and should please tick the box. hool of their PR (for example: PR agreement / PR order). I yer their legal status.' If you are unsure, please leave this but	Any other adult who he Parental Responsibility of	as Parental Respons annot be 'assumed'	ibility for this child sho by (for example) a ste	ould be named on this forr	n, ticking the box and	providing evidence to the		
Ooes your child have SEND? Are there any concerns regarding yo f yes to any of these questions please attach f appropriate, please list on a separa	further informati	on)			rith your child	Yes/No Yes/No /family		
Signature (Parent 1)								
Signature (Parent 2)			Date	<u></u>				
 When registering, there is a Registration fee We/I agree to be bound by the following te 1. A full term's notice is required, in writing full. 2. All fees are payable by the first day of ter applicable to the direct debit scheme). 3. The school reserves the right to require t 4. It is understood that the school may nee the school, if he/she has a child protect to future schools prior to transfer in ord is in EYFS and also attends another nurs 	rms: g, to the Head beform; fees not paid b the removal of any ed to work closely ion file it will be p ler to enable staff	ore a child is wi y the first day of pupil whose co with and share assed directly to to make approp	thdrawn, failing work term may be sunduct necessitate information with o my child's nextoriate provision for	which the fees for the abject to an interest es it, in the opinion of the other local agencies chool; pastoral/wor a child as they mo	e following term charge of 2% per of the Head. es; at the end of elfare records m ove to their next s	must be paid in month (not my child's time in ay also be passed school; if my child		
Badger Cubs and Badgers		Monday	Tuesday	Wednesday	Thursday	Friday		
(Nursery) places:	Mornings							
Please tick	Lunch							

Lunch

Afternoons

the sessions required.



Castle Court Bank Details

Bank:

HSBC plc, 17 Market Place, Blandford DT11 7AG

Sort Code:

40-12-18

Account Number:

71012924