



REGISTRATION FORM

To be completed by the parents and anyone else with parental responsibility for the child.

CHILD

Surname _____ Gender _____
First Names _____ (preferred name underlined)
Date of Birth _____ Day _____ Month _____ Year _____
Proposed Term of Entry _____ Month _____ Year _____
Boarding to Begin (if applicable) _____ Month _____ Year _____
Nationality _____ Religious Denomination _____
Name of School or Nursery (if applicable) _____
Title and Name of Head _____
School or Nursery Address _____
_____ Postcode _____
Email Address _____ Telephone Number _____

FIRST PARENT

Title _____ First Name _____ Surname _____
Relationship to Child _____
Home Address _____
_____ Postcode _____
Home Telephone _____ Mobile Telephone _____
Email Address _____ Work Telephone _____
Occupation _____ Nationality _____
Business Name & Address _____

SECOND PARENT

Title _____ First Name _____ Surname _____
Relationship to Child _____
Home Address _____
_____ Postcode _____
Home Telephone _____ Mobile Telephone _____
Email Address _____ Work Telephone _____
Occupation _____ Nationality _____
Business Name & Address _____

If parents have different addresses, child resides mainly at: First Parent's Address Second Parent's Address

OTHER PEOPLE WITH PARENTAL RESPONSIBILITY

Does anyone else hold Parental Responsibility for the above named child? Please tick: Yes No

If you answered yes above, please provide their name(s) and current address(es) below. They will need to indicate their consent to the child attending the School, if an offer of a place is made, by signing this Registration Form.

Title _____ First Name _____ Surname _____
Relationship to Child _____
Home Address _____
Postcode _____
Home Telephone _____ Mobile Telephone _____
Email Address _____ Work Telephone _____
Occupation _____ Nationality _____
Business Name & Address _____

HOW DID YOU FIRST HEAR OF ST JOHN'S?

Please tick as many boxes as are appropriate:

<input type="checkbox"/> Personal recommendation	<input type="checkbox"/> Sibling currently at St John's	<input type="checkbox"/> Website referral *
<input type="checkbox"/> Parent(s) is/are former pupil(s)	<input type="checkbox"/> Sibling previously attended St John's	<input type="checkbox"/> Internet Search *
<input type="checkbox"/> Good Schools Guide or similar *	<input type="checkbox"/> Agency or Company referral *	<input type="checkbox"/> Other, please specify:

* Any further details you are able to provide will be most welcome: _____

If you received a personal recommendation please provide further details: _____

ETHNIC ORIGIN

Please tick the box that best describes your child's ethnic origin:

White	Black or Black British	Asian or Asian British	Mixed
<input type="checkbox"/> British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Other White	<input type="checkbox"/> Other Black	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian
		<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Mixed
<input type="checkbox"/> Prefer Not to Say		<input type="checkbox"/> Other Asian	

Any other Ethnic Background (please specify): _____

LANGUAGES

Child's First Language _____

Other Languages & Proficiency Level _____

Main Language spoken by child at home _____

Main Language spoken by parents at home _____

EQUAL OPPORTUNITIES

As mentioned in the Equal Opportunities Policy, the school will not discriminate against anyone on grounds of their racial or ethnic origin, gender, culture, sexual orientation, religious beliefs or, where practicable, disabilities. The school welcomes pupils with disabilities and will try to meet pupils' needs wherever it reasonably can. The school's policy is to eliminate from the admissions process, as far as possible, any significant disadvantages which may be encountered by disabled applicants, whilst upholding its educational standards.

In order to ensure that the admissions process is as fair as possible for your child, and to allow us to prepare for him or her, we need you to provide us with information about: any medical condition, health problem or allergy affecting your child; any learning difficulty, disability or special educational need of your child; any behavioural, emotional and/or social difficulty or your child. Further information relating to this can be found in the Equal Opportunities Policy and the Accessibility Policy.

Please tick here if your child has been assessed by a professional in relation to any of the above, and if so, please enclose a copy of the report.

Are there any circumstances or conditions relating to your child of which the School should be aware? Please tick as appropriate:

ADHD

Autism

Hearing Impairment

Allergies

Dyslexia

Visual Impairment

Asperger Syndrome

Dyspraxia

Other (please specify):

Would your child experience practical difficulties in undertaking any assessment connected with the admissions process?

Are there any steps which you believe the school might take to assist your child with the admissions process?

We may contact you to follow up this information and to arrange a meeting to discuss your child's needs and how the admissions process can be adapted to meet those needs.

OTHER INFORMATION

Please include here the names and dates of birth of any siblings who may in future be registered for entry:

Is your child registered for any other schools? If so, please specify which:

DECLARATION

To the Registrar, St John's College School, 73 Grange Road, Cambridge CB3 9AB

I / We (as the person/s with parental responsibility for the above named child) request that his/her name be registered as a prospective pupil of St John's College School.

I / We have arranged an electronic transfer to the School's account¹ for the non-returnable Registration Fee of £50 and, in the event of his / her admission, I / we undertake to conform to all the rules and regulations in force from time to time and to be responsible for the payment of accounts when they become due.

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 admission to 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 services², which will bind us (as the holders of parental responsibility for him/her) 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 supplementary charges;
4. the School may process any personal data about us and our child, including personal data about our child (such as medical details), in accordance with its Terms and Conditions.

First Parent

Second Parent

Signature

Name in Full
(please include all
names)

Relationship to child

Date

CONSENT FROM ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY

I confirm that I give my consent for the above named child to be registered as a prospective pupil at St John's College School and to attend the school should an offer of a place be made.

Signature

Relationship
to child

Name in Full
(please include all
names)

Date

¹ Payments by electronic transfer should be made to Account number 80055581 Sort Code 20-17-68.

² The current terms and conditions (known as the School's parent contract) [are available to download from the School's website](#) or are available on request at any time; please note that the version of the parent contract supplied may be subject to change prior to the point in time when a place at the School for your child may be offered.