

REGISTRATION FORM

Please complete this form and return to the Admissions Office together with the non-returnable fee of **£80** (cheques made payable to **Hendon Preparatory School**).

PUPIL DETAILS	
FIRST NAME	SURNAME
PREFERRED NAME	GENDER
PROPOSED DATE OF ENTRY	DATE OF BIRTH
YEAR GROUP	NATIONALITY
ADDRESS	
	POST CODE
CURRENT SCHOOL	
NAME OF SCHOOL	HEADTEACHER'S NAME
ADDRESS OF SCHOOL	NUMBER OF SCHOOL
	POST CODE
FIRST PARENT/GUARDIAN/CARER DETAILS	
MR MRS MISS MS DR	RELATIONSHIP TO CHILD
FIRST NAME	SURNAME
OCCUPATION	EMPLOYER'S BUSINESS NAME
EMPLOYER'S ADDRESS	
	POST CODE
ADDRESS (IF DIFFERENT FROM ABOVE)	
	POST CODE
HOME TELEPHONE	WORK TELEPHONE
MOBILE	EMAIL ADDRESS
SECOND PARENT/GUARDIAN/CARER DETAILS	
MR MRS MISS MS DR	RELATIONSHIP TO CHILD
FIRST NAME	SURNAME
OCCUPATION	EMPLOYER'S BUSINESS NAME
EMPLOYER'S ADDRESS	
	POST CODE
ADDRESS (IF DIFFERENT FROM ABOVE)	
	POST CODE
HOME TELEPHONE	WORK TELEPHONE
MOBILE	EMAIL ADDRESS

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

PLEASE SAY HOW YOU FIRST HEARD OF HENDON PREPARATORY SCHOOL

LOCAL REPUTATION

PRESENT SCHOOL

FRIENDS

ADVERTISEMENT

WEBSITE

OTHER

APPLICANT'S ETHNICITY

HOME LANGUAGE

RELIGION

PLEASE COMPLETE THE ENCLOSED CONFIDENTIAL INFORMATION FORM TO ACCOMPANY YOUR APPLICATION

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

DECLARATION We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £80 is enclosed. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

PLEASE ENSURE THAT BOTH PARENTS SIGN THIS FORM

FIRST SIGNATURE

FIRST SIGNATURE

NAME IN FULL

NAME IN FULL

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

DATE

DATE

AT COGNITA WE LOOK AFTER YOUR PERSONAL INFORMATION AND ONLY USE YOUR PERSONAL INFORMATION FOR THE PURPOSE FOR WHICH IT HAS BEEN COLLECTED. IF YOU WOULD LIKE FURTHER INFORMATION ABOUT HOW AND WHY WE USE YOUR PERSONAL INFORMATION, PLEASE SEE OUR PRIVACY NOTICES; THESE ARE AVAILABLE ON OUR WEBSITE AT: WWW.HENDONPREP.CO.UK/PRIVACY-AND-COOKIE-POLICIES.

COGNITA SCHOOLS LIMITED (TRADING AS HENDON PREPARATORY SCHOOL). A COMPANY LIMITED BY SHARES. REGISTERED IN ENGLAND NO: 02313425. REGISTERED OFFICE: SEEBECK HOUSE, ONE SEEBECK PLACE KNOWLHILL, MILTON KEYNES, BUCKINGHAMSHIRE, MK5 8FR.

CONFIDENTIAL INFORMATION FORM

ALL INFORMATION RECEIVED IN THIS FORM WILL BE TREATED IN CONFIDENCE	
CHILD'S NAME	CHILD'S DATE OF BIRTH
PARENT'S/GUARDIAN'S NAME(S)	
DATE	

UNDER THE SCHOOL'S DISABILITY POLICY, AND SEN AND LEARNING DIFFICULTIES POLICY WE ARE REQUIRED TO PROVIDE YOU WITH THE OPPORTUNITY TO DISCLOSE ANY MEDICAL CONDITIONS (INCLUDING ALLERGIES), HEALTH PROBLEMS, LEARNING DIFFICULTY, PARENTAL CONCERNS, SPECIAL EDUCATIONAL NEED OR DISABILITY OF YOUR CHILD. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE IN THE BOX BELOW AND ATTACH COPIES OF ANY RELEVANT DOCUMENTATION SUCH AS MEDICAL REPORTS, ASSESSMENTS, LETTERS, ETC.

PLEASE WRITE 'NONE' IN THE BOX ABOVE IF YOUR CHILD DOES NOT HAVE ANY MEDICAL CONDITIONS (INCLUDING ALLERGIES), HEALTH PROBLEMS, LEARNING DIFFICULTY, PARENTAL CONCERNS, SPECIAL EDUCATIONAL NEED OR DISABILITY.

PLEASE INDICATE IF YOUR CHILD HAS EVER ATTENDED ANY OF THE FOLLOWING:		
<input type="checkbox"/> SPEECH THERAPY	<input type="checkbox"/> OCCUPATIONAL HEALTH	<input type="checkbox"/> PAEDIATRIC ASSESSMENT TEAM
<input type="checkbox"/> EARLY YEARS TEAM	<input type="checkbox"/> EDUCATIONAL PSYCHOLOGIST	
<input type="checkbox"/> ANY OTHER SUPPORT SERVICE AND / OR MEDICAL PROFESSIONAL. PLEASE SPECIFY:		
PLEASE SPECIFY FAMILY LANGUAGE		