

## REGISTRATION FORM

Please complete this form and return to the Admissions Office together with the non-returnable fee of **£100** (to be paid by bank transfer).

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
	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 MENTION HERE THE NAMES OF ANY YOUNGER SIBLINGS YOU MAY WISH TO REGISTER AT A LATER DATE

NAME		DATE OF BIRTH	
NAME		DATE OF BIRTH	

PLEASE SAY HOW YOU FIRST HEARD OF HENDON PREPARATORY SCHOOL

<input type="checkbox"/> LOCAL REPUTATION	<input type="checkbox"/> PRESENT SCHOOL	<input type="checkbox"/> FRIENDS
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> 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 bank transfer for the non-returnable registration fee of £100 has been paid and proof 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 of School, 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

**BANK TRANSFER DETAILS** Bank of Scotland - Hendon Preparatory School - Account Number: 00123251 - Sort Code: 12-01-03

**PLEASE ENSURE THAT BOTH PARENTS SIGN THIS FORM**

FIRST SIGNATURE	SECOND SIGNATURE
NAME IN FULL	NAME IN FULL
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
DATE	DATE

**CHECKLIST**

<input type="checkbox"/> REGISTRATION FORM SIGNED BY BOTH PARENTS	<input type="checkbox"/> COPY OF CHILD'S LONG BIRTH CERTIFICATE
<input type="checkbox"/> REGISTRATION FEE PAID BY BANK TRANSFER	<input type="checkbox"/> COPY OF FIRST PROOF OF ADDRESS
<input type="checkbox"/> COPY OF CHILD'S MOST RECENT SCHOOL REPORT	<input type="checkbox"/> COPY OF SECOND PROOF OF ADDRESS

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](http://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 SEND 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 and attach copies of any relevant documentation such as medical reports, assessments, letters etc.

<b>HAS YOUR PREVIOUS EDUCATION PROVIDER (NURSERY, SCHOOL) EVER HIGHLIGHTED TO YOU ANY SPECIFIC EDUCATIONAL OR BEHAVIOURAL NEEDS OF YOUR CHILD? IF YES PLEASE OUTLINE BELOW</b>	YES	
	NO	
<b>DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT THAT HAVE NOT YET BEEN HIGHLIGHTED BY AN EDUCATIONAL PROFESSIONAL? IF YES PLEASE OUTLINE BELOW</b>	YES	
	NO	
<b>PLEASE PROVIDE US WITH DETAILS OF ANY MEDICAL CONDITIONS (INCLUDING ALLERGIES) OR DISABILITIES RELATING TO YOUR CHILD (PLEASE WRITE NONE IF YOUR CHILD DOES NOT HAVE ANY MEDICAL CONDITIONS, INCLUDING ALLERGIES)</b>		
<b>PLEASE INDICATE IF YOUR CHILD HAS EVER ATTENDED ANY OF THE FOLLOWING:</b>		
<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:		