



# ST MARY'S SCHOOL HAMPSTEAD

## REGISTRATION FORM - PAGE 1

### Request for a place on the waiting list

Please complete this form in as much detail as possible. We need this information to be able to process your application.

Information which is mandatory for you to provide is indicated below by a \*.

If you do not complete the mandatory sections in full this may jeopardise or delay your application.

Surname of your child*			
First names* (underline preferred name)			
Nationality	Date of birth *	/ /	Religion Gender
Is your child British or Swiss or from a country within the European Economic Area?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed term and year of entry*			
Have you registered your child's name at any other school(s) and if so, which?			
<b>FIRST SIGNATORY</b>			
Title* (e.g Mr, Mrs, Miss, Ms)			
Full name*			
Relationship to child*			
Contact telephone number*			
Evening (if different)		Mobile (if different)	
Email address*			
Address* (including postcode)			
Occupation			
<b>SECOND SIGNATORY</b>			
Title* (e.g Mr, Mrs, Miss, Ms)			
Full name*			
Relationship to child*			
Contact telephone number*			
Evening (if different)		Mobile (if different)	
Email address*			
Address* (including postcode)			
Occupation			



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## REGISTRATION FORM - PAGE 2

### OTHER PEOPLE WITH PARENTAL RESPONSIBILITY\*

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step parent and their consent to the child attending the School will be required if an offer of a place is made.

Title

Full name

Address (including postcode)

If someone other than the first and second signatories is to pay the School fees for your child please provide below their full name and address and their relationship to your child.

### PLEASE INDICATE HOW YOU FIRST HEARD OF THE SCHOOL

Local reputation  Present school  Friends  Advertisement  Website

Sibling  Name of sibling:

Other (please give details)

### PLEASE STATE THE NAME AND ADDRESS OF THE PRESENT SCHOOL (WITH DATES OF ATTENDANCE)

Name and address of school\*

Name of Head\*

### PLEASE CONFIRM IF YOUR CHILD IS UNDER ACTIVE MANAGEMENT WITH A MEDICAL CONSULTANT

Yes  No



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## REGISTRATION FORM - PAGE 3

### NOTES

Registrations will be considered in the order they are received, in accordance with the School's Admissions Policy. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the School's Terms and Conditions will be supplied on request.

### HOW WE WILL USE THE INFORMATION PROVIDED IN THIS FORM

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

For example:

- a) we may contact your child's current or previous school to ask for a reference;
- b) we may ask for information about other schools to which you are applying because they may hold their academic assessment on the same day as ours;
- c) we may contact other people with parental responsibility to check that they consent to your child joining the School;
- d) we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are published on the School's website: <http://www.stmh.co.uk/Privacy>.

### DECLARATION

I / We request that our child named above is registered as a prospective pupil.

I / We enclose a cheque\* / have paid by bank transfer on ..... [date]\* the non-refundable Registration Fee of £75, together with this completed Registration form duly signed by me / us. Please make cheques payable to St Mary's School, Hampstead.

(\*Please delete as applicable)

### SIGNATURES

	First signatory	Second signatory
Signature*		
Name in full* (please include all names)		
Relationship to child*		
Date		