

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	ne)				
Nationality*	Date of birth*	/	/	Religion	Sex*
Is your child a British or Irish citizen?	* Yes	No			
If no, please confirm your child has the (Please note that the School does not hold a UK and to study at the School. We reserve the	child sponsor licence and	d it is your re	esponsibili	ty to ensure that your chile	d has the appropriate permission to live in the
Proposed term and year of entry*					
Have you registered your child's name	e at any other school	l(s) and if s	o, which	?	
FIRST SIGNATORY					
Title* (e.g. Mr, Mrs, Miss, Ms)					
Full name*					
Relationship to child*					
Contact telephone number(s)*					
Email address*					
Address* (including postcode)					
Occupation	Employe	er's busines	ss name	and address	
SECOND SIGNATORY					
Title* (e.g. Mr, Mrs, Miss, Ms)					
Full name*					
Relationship to child*					
Contact telephone number(s)*					
Email address*					
Address* (including postcode)					
Occupation	Employe	er's busines	ss name	and address	



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OTHER READIF WITH DARRIES DECRONCIPH ITV	
OTHER PEOPLE WITH PARENTAL RESPONSIBILITY* Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. leg	al responsibility) for the
above named child. This may be a legal guardian or step parent and their consent to the child attending t	
if an offer of a place is made.	ne sensor win se required
I die one of a pinee is minde.	
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	le below their full name
and address and their relationship to your child.	
CONNECTIONS WITH THE SCHOOL*	
Please mention here the names of any other members of the family attending the School or requested for connection with the School.	entry, or any other
Connection with the school.	
PLEASE INDICATE HOW YOU FIRST HEARD OF THE SCHOOL	
Local reputation Present school Friends Advertisement	Website
Other (please give details)	
PLEASE STATE THE NAME AND ADDRESS OF THE PRESENT SCHOOL (WITH DATES OF AT	TENDANCE)
Name and address of school*	
Name of Head*	
- :	
DI FACE CONFIDM IE VOLID CHILI D IC LINDED ACTIVE MANAGEMENT MITTIA AMERICAN C	ONCH TANTA
PLEASE CONFIRM IF YOUR CHILD IS UNDER ACTIVE MANAGEMENT WITH A MEDICAL CO	TONSULTANT*
Yes No	



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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.

(*Please delete as applicable)

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Please sign in the box below to confirm that the information provided in this form is accurate and complete.

	First signatory	Second signatory
Signature*		
Relationship to child*		
Date*		



OPTIONAL ETHNICITY FORM

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration form attached to this form. Please also tick whether a parent or the child filled in the form.

Name of child		
White		
British	Irish	Other White background
Black or Black British		
Caribbean	African	Other Black background
Chinese or other ethnic group		
Chinese	Other ethnic group (please give details	3)
Mixed race		
White and Black Caribbean	White and Black African	White and Asian
Other mixed background		
Asian or Asian British		
Indian	Pakistani	Bangladeshi
Other Asian background		
Prefer not to say		

Please return this form to the School with your completed Registration form.

(Any information you provide will be used solely to compile statistics on diversity within the School. These statistics will not allow individual children to be identified).