

Registration **Form**

CHILD'S D	DETAILS	DOB		Gender				
Surname								
First Names								
Nationality (As per passport) Religion (if Ch please state deno Sibling/s at N (name/s and Yea	mination) New Hall ir Group/s)		First Language					
ENTRY DE		30	Michaelmas	Lent Term	_	rinity Term		
Proposed ye Year	•	Term	ı (Sep-Dec)	(Jan-Mar)		(Apr-Jul)		
Group:	lursery	Pre-School	R	eception	Yr 1	Yr 2		
Yr 3 Yr	4 Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 12		
Status: ful	l boarder*	weekly boar	der* j	lexi-boarder*	a	lay student		
Does your child have any medical conditions or special educational needs? (please detail and use extra sheet if necessary)								
PARENTS'	DETAILS							
Parent 1 Title Full N			Parent Title	2 Full Name				
Address (incli	uding postcode)		Addre	ss (including pos	tcode)			
Tel:			Tel:					
Mobile:			Mobile	Mobile:				
Email:			Email:					
Profession:			Profes	Profession:				

Name of Employer:

Name of Employer:

If parents are separated, please indicate at which address the student resides. Parents living abroad will be asked to nominate a guardian in the UK.

^{*}Students may board from age 7

If you are registering more than one child, a separate form needs to be completed for each. Additional forms are available from the Admissions Department or may be downloaded from the school's website: newhallschool.co.uk.

Email									
Nursery Manager/Headteacher's Name									
Are you or any of your family former students of New Hall School? (please give details of name/s (including maiden name/s) and dates)									
How did you hear about New Hall?									
Parish Advertisement	Website	ISCis/agent	(please state)						
Word of mouth Other	(please specify)								
Other school/s which you are considering for your child									
DECLARATION									
I/We understand that the same of our above-named child be registered as a prospective student. I/We understand that registering the above-named child does not guarantee entry into the School and that waiting lists may be in operation. I/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. I/We understand also that the School may obtain, process and hold personal information about my/our child, including sensitive information such as medical details, and I/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. I/We understand that the School will make enquiries to my/our child's current Nursery/School for confirmation that all sums due and owing to such Nursery/School/s have been paid and consent to your informing any other Nursery/School or educational establishment to which I/we propose sending my/our child if any fees of this school are unpaid. I/We understand that it is our responsibility to update the School if any of the above details change. This form should be sent to the Admissions Department together with the non-returnable registration fee of £100.00 (plus an additional fee of £51.00 for overseas students who require a visa, making £151.00 in total). Cheques should be made payable to New Hall School Trust. By completing the registration form, I/we give New Hall permission to contact the named child's current school for a reference. Please advise in writing at the time of registration if you do not wish for the named child's current school to be contacted prior to their attendance at entrance assessments. At the appropriate time, you will receive details of the entrance assessments and, subject to your child completing the school's entrance requirements satisfactorily, you may be offered a place and invited to complete an Acceptance Form.									
I/we have read the Privacy No (Downloadable from the website)	tice .								
Parent 1 Signature		Date							
Parent 2 Signature		Date							

CURRENT NURSERY/SCHOOL DETAILS

Name of Nursery/School

Address (including postcode)