## **Cumnor House School**



## **Registration Form**

Please attach a passportsized photograph of the student

Please complete the Registration Form and return via email to <a href="mailto:admissions@cumnorhouse.com">admissions@cumnorhouse.com</a> or to the school's Reception desk, addressed to 'Admissions', together with a non-refundable Registration Fee of £50.00. Cheques should be made payable to 'Cumnor House School'.

1.	Surname of Your Ch	nild:								
	First Names: (Please underline the name generally used)									
	Date of Birth:	Nati	onality:	Ethni	city:					
	Religion:	Ger	nder: Male 🗆	Female (plea	ase tick)					
	We require a copy of th	of the following documents: Birth Certificate or Passport and/or a valid Visa.								
	Proposed Term and	Year of Ent	ry:		Ye	ar Group:				
	Have you registered	your child's r	ame at any oth	ner school/s and if	so, which?					
ease indi	cate below the sessi	ons require	d (Nursery ch	ildren only):						
Nursery	,	Monday	Tuesday	Wednesday	Thursday	Friday	Term Time	51 weeks		
South Cro	bydon – Pampisford Road									
Purley – V	Noodcote Lane									
Nursery chil week is 5.	ldren are asked to attend a	minimum of two	days each week t	to enable them to partic	ipate fully in Nurse	ry life. The maxin	num number of sessi	ons per		
2.	Father/Legal Guardi	an's Title, F	ull Name:							
	Address (including postcode):									
	Occupation: Employer's busines	s name and	address:							
	Daytime Telephone: Email address:				g Telephone: Telephone:					
3.	Mother/Legal Guard	dian's Title,	Full Name:,							
	Address (including	postcode) :								

	Douting Talanhana	_	Tuaning Talanhana							
	Daytime Telephone: Email address:		Evening Telephone: Mobile Telephone:							
	If your child lives at an address other than those above please complete below:									
	Address (including postcode	Address (including postcode):								
4.	Please mention here the names of any other members of the family:									
	Name	Date of Birth	С	Current school						
5.	Please tell us how you first he	ard of the School:								
	☐ Local Reputation	☐ Present School	☐ Friends							
	☐ Advertisement	☐ Website	☐ Other (P	lease give details)						
6.	Please state the name and ad	dress of the present school (wi	th dates):							
	Name of Headmaster:									
7.	Please outline any of your chil	d's artistic, dramatic, musical o	r sporting skills or ex	sperience (if applicable):						
8.	Please give an outline of your	child's other hobbies or interes	its (if applicable):							
9.	Please provide us with details learning difficulty of your child:	of any medical condition (inclu	ding allergies), disat	oilities, special educational ne	ed or					
	learning uniformly or your orman									
10.	Please submit your child's rec	ent school reports from the pre	vious two academic	years with this Registration F	orm.					
	ALL INFO	CONTROL DESCRIPTO DEL OWINILL	DE TOEATED IN COME	TOTAL						
Has you	ar child seen a Paediatrician regarding dev ir child been seen by an Educational Psycl child seen by a Health Visitor?:		. BE IREATED IN COM.	IDENCE						
lf you ha	ave answered 'Yes' to any of the above, pl	ease provide details below:								

## **Notes**

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**

I/We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-refundable registration fee of £50.00 is enclosed. 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 (through the Headmaster, 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. The details, including your email address/mobile number, may be used to keep you informed about Cumnor House's events, happenings and other services. If you do not want to receive such information please tick the box  $\Box$ .

The personal data you supply to Cognita Schools Ltd will only be used in connection with your application for a school place. It will be held securely in line with the Data Protection Act and will not be passed to third parties. Cognita Schools Ltd is registered under the DP act No.Z9688459.

First Signature:		Second Signature:	
Name in full:		Name in full:	
Relationship to the	Child:	Relationship to the Child:	
Date:		Date:	

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