

Coopersale Hall School FLUX'S LANE, EPPING, ESSEX, CM16 7PE

REGISTRATION FORM

(PLEASE COMPLETE IN BLOCK CAPITALS)

Please complete this form in as much detail as possible. We need this information to process your application for a place for your child. All information requested is mandatory. It may delay your application if you do not complete any of the sections in full.

YOUR CHILD			
Surname of your Child	First Name(s) (Underline preferred name)		
Home Address	Postcode		
Telephone	Gender	Male	Female
Date of Birth	Age at Proposed Entrance	Years	Months
Nationality	Child's First Language		
Other Languages Spoken			
FIRST SIGNATORY			
Full Name			
Title (e.g. Mr/Mrs/Dr)	Relationship to Child		
Home Address	Postcode		
Day Telephone	Evening Telephone (if different)		
Mobile (if different)	Email Address		
Occupation			
Employer's business name and address			
SECOND SIGNATORY			
Full Name			
Title (e.g. Mr/Mrs/Dr)	Relationship to Child		
Home Address	Postcode		
Day Telephone	Evening Telephone		
Mobile	Email Address		
Occupation			
Employer's business name and address			

TYPE OF PLACE REQUESTE	D (please tick)				
Early Years		Yea	ars 1-2 Years 3-6		
			_		V
Proposed Term of Entry			Term		Year
Have you registered your child at any other school(s) and if so, which?					
COMMUNICATION					
Is there joint responsibility for the child? If parents are separated, with which parent should the school communicate?					
OTHER PEOPLE WITH PAR Please provide the name(s) and c This may be a legal guardian or st	urrent address(es) o	of any other person with p			
Full Name			. 8		
Title (e.g. Mr/Mrs/Dr)			Relationship to Child		
Title (e.g. Wil/Wils/DI)			Relationship to Child		
Home Address			Postcode		
PAYMENT OF FEES If someone other than the first ar	nd/or second signate	ories is to pay the School	fees for your child please provic	le their de	etails below.
Full Name					
Title (e.g. Mr/Mrs/Dr)			Relationship to Child		
Home Address			Postcode		
CONNECTIONS WITH THE	SCHOOL				
Are any of your child's brothers, sisters or other relatives current or past pupils at Coopersale Hall School?					
Do you hold any other conr	Do you hold any other connections to Coopersale Hall School?				
PLEASE INDICATE HOW YOU FIRST HEARD OF COOPERSALE HALL SCHOOL (please tick)					
Local Reputation	Pre	esent School	Friends		Advertisement
Website	Othe	r (give details)			
PRESENT SCHOOL (if applica	ble)				
Present nursery or school of child			Name of Headteacher		
Address			Postcode		
Dates of Attendance				•	
SKILLS, EXPERIENCE, HOBBIES AND INTERESTS					
Please outline any of your of sporting skills or experience		ramatic, musical or			
Please give an outline of your child's other hobbies or interests (if applicable)					

CONFIDENTIAL INFORMATION

All information received in this form will be treated in confidence

Please disclose any medical condition, health problem or allergy affecting your child.

If applicable to your child, it will also help us plan for your arrival, if you can let us know of any:

- Learning difficulty
- Special educational need
- Disability
- Behavioural, emotional and / or social difficulty.

The information provided below will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when he / she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require. The requirement to provide this information shall continue until such time as any offer of a place at the School is accepted by you.

The information requested on this form is needed because the For more information about how the School will use your informatice and our parent privacy notice.		
Please tick the section that applies:	Details Attached below	Not Applicable
DETAILS		

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 School's *Terms and Conditions* will be supplied on request, and in any case on the offer of a place.

If you would like further information about how the School processes personal information, please see our Data Protection Policy and Privacy Notice, which are published on our website.

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 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 entrance exam 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) The Confidential Information Form will be used to ensure that we have made any reasonable adjustments / suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;
- e) 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, please see our Data Protection Policy and Privacy Notice. Both of these documents are published on the School's website: www.coopersalehallschool.co.uk. If your child is aged 12 years or older please show him / her a copy of the pupil privacy notice and discuss it with him / her.

DECLARATION

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

I / We have paid by bank transfer * / credit card * / debit card * the non-refundable Registration Fee of £50 before returning this completed Registration Form duly signed by me / us.

(*Please delete as applicable)

SIGNATURES			
	First Signatory	Second Signatory	
Signature			
Name in Full (please include all names)			
Date of Birth (optional)			
Relationship to Child			
Date			

FOR OFFICE USE ONLY			
Date Received		Code	
Fee Paid		Entry Date	