

REGISTRATION FORM

Please complete in block capitals

Required Term of

Entry.....

Academic Year of Entry: Nursery / Reception / Year 1/ Year 2 / Year 3 / Year 4 / Year 5 / Year 6/ Year 7 / Year 8 /Year 9 / Year 10 / Year 12 *(Please circle as appropriate)*

Child's Details

Name in Full..... *(This should be exactly as Birth Certificate)*

Forename used..... Sex of child Date of birth.....

Religious denominationNationality.....

Present school & date of admission

First Parent Details

Surname..... Title

First name(s)..... Occupation

Address

Postcode Email *

Home tel. numberWork tel. number

Mobile tel. number

Second Parent Details

Surname..... Title

First name(s)..... Occupation

Address

Postcode Email *

Home tel. numberWork tel. number

Mobile tel. number

Children resident with: Parent 1 / Parent 2 / Both parents *(Please circle as appropriate)*

Please indicate the correct form of address for correspondence eg Mr & Mrs, Dr etc

.....*

* Please note that if you have supplied an email address, this may be used to send correspondence and other material publicising school events to you once your child has joined the School. Your mobile phone number and email addresses may be used to send urgent messages to you via 'Clarion Call' regarding school closures etc.

I wish / do not wish my email address / mobile tel.number to be used in this way (Please delete as applicable)

Please turn over

Headmaster: Dr Simon Orchard BSc (Hons) PhD PGCE

Senior School and Sixth Form: Gratwicke Road, Worthing, West Sussex, BN11 4BL. Tel: 01903 204063

Junior School and Early Years: Westbrooke, Worthing, West Sussex, BN11 1RE. Tel: 01903 204062

Email: enquiries@sionschool.org.uk www.sionschool.org.uk

Registered Charity Number. 1121398

If duplicate letters and reports are required, please give details of the person to whom these are to be sent:

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Please list details of everyone who has parental rights over your child:

.....

Please list any medical problems, disabilities or allergies / intolerances:

.....

Doctor

Name..... Tel. no.....

Surgery name and address

.....

Daytime Emergency Contact Details

In an emergency we would normally contact the child's parents in the first instance on the telephone numbers shown overleaf. It is preferable that we also have additional contacts in case of emergency.

Name	Relationship to pupil	Place of contact	Tel.no.
1 st Contact.....			
2 nd Contact			

Are you applying to any other schools? YES / NO (Please circle as appropriate)

Please indicate which schools

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We request that the child named above be registered as a prospective pupil, but realise this does not guarantee a place will be offered. We understand that once a place is offered and accepted (from Reception to Year 12) a deposit will be payable to secure the place and that current deposit requirements are detailed on the School Fees Information Sheet. Deposits are non-refundable in the event of the above named child failing to start. We understand that a term's notice in writing is required before the withdrawal of a pupil and that failure to give such notice means that a term's fees will be charged. We understand that the Terms and Conditions of the School, as stated in the Parent Contract, will undergo reasonable changes from time to time, as circumstances require, and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about the above child, including sensitive information such as medical details. We consent to this for the purposes of assessment and, if a place is offered, in order to safeguard and promote the welfare of the child.

It is requested that both parents sign the form, but if this presents any difficulty, please let the Admissions Registrar know. By signing the form you become legally responsible for the payment of fees and agree to abide by the Terms and Conditions of Our Lady of Sion School. A cheque for a non-returnable registration fee must be enclosed. A copy of the birth certificated will be required if your child is entering Nursery or Reception.

Signature (1st Parent)..... (2nd Parent).....

Full name (1st Parent) (2nd Parent).....

Date Date

Please return this form and cheque (made payable Our Lady of Sion School) to:

The Admissions Registrar, Our Lady of Sion School, Gratwicke Road, Worthing, BN11 4BL

FOR SCHOOL USE ONLY			
PUPIL CODE	REGISTRATION PAID	<input type="checkbox"/>	
PARENT CODE	DEPOSIT PAID	<input type="checkbox"/>	REGISTRATION NUMER <input style="width: 100%; height: 20px;" type="text"/>