



ESTABLISHED 1929

Gosfield School

School Registration Form

Thank you for taking an interest in Gosfield School. In order to register your son/daughter please complete this form and return to the Admissions Office.

This registration form does not give rise to a commitment by the school, or by the parents. The offer of a place is subject to availability and the entry requirements of the school at the time of the offer.

PUPIL'S DETAILS

First name (s) _____ Pupil's Legal Surname _____

DOB _____ Gender _____

Proposed date of entry _____ Autumn/Spring/Summer Term 20 _____ (Please circle)

At age _____ Into Year group _____

If the child is known by another name, please add here _____

Permanent Address _____

PARENT/CARER DETAILS

FATHER

MOTHER

Title _____

Title _____

Full name _____

Full name _____

Occupation _____

Occupation _____

Home No. _____

Home No. _____

Work No. _____

Work No. _____

Email _____

Email _____

Do you have parental responsibility?

(If no, please provide written permissions from the person (s) with parental responsibility confirming they are in agreement with the application) Please indicate below.

FATHER	YES/NO	MOTHER	YES/NO
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Does another person (s) also have parental responsibility? Yes/No
Do they agree with the application being made? Yes/No
Are you privately fostering this child? Yes/No
Has your child ever been excluded from their current or previous schools – either fixed period (1 day, 2 days etc) or permanent exclusions? Yes/No

SIBLINGS

If you have another child at this school, please enter the details below

Full name _____ Date of Birth _____

OTHER INFORMATION

Offers are dependent upon a satisfactory confidential reference from your child's present school. Please indicate whether you agree to our contacting the school at this stage. Yes/No

Does your child have any medical requirements or health/food allergies that we should be aware of?

Yes/No *If Yes, please specify* _____

Do you currently have any concerns about your child's development?

Yes/No *If Yes, please specify* _____

Are there any special circumstances relevant to the applicant, such as a Court Order that we should be aware of?

Yes/No *If Yes, please specify* _____

Does your child have any statement of specific educational needs, or any additional learning support?

Yes/No *If Yes, please specify* _____

Please complete and return this form to the Admissions Office along with a non-refundable registration fee of £75.00.

Payment can be made by cheque, cash or by BACs

Sort Code 60-09-29

Bank Account number 42802180

Please use your surname as payment reference.

DECLARATION

I request that the name of the above mentioned child be registered as a prospective pupil of Gosfield School. I understand that my details will remain on the School's Database until I request removal. I understand that the £75.00 registration fee is non-refundable.

Name in Full (Capitals) _____

Relationship to Child _____

Signature _____ Date _____