

Website: www.longacreschool.co.uk

REGISTRATION FORM

Request for a place on the waiting list

Please complete this form in as much detail as possible. We need this information to be able to process your application for a place for your child. Information which is mandatory for you to provide is indicated below by a *. If you do not complete the mandatory sections in full this may jeopardise or delay your application.

TOOK CHILD				
Surname of your child *:				
First name/s *:				
(please underline preferred name)				
Date of birth *:				
Gender:				
NATIONALITY				
Is your child British or Swiss or from a country within the European Economic Area? *: Yes				
If you answered No above please state your child's nationality:				
Proposed term and year of entry:				
Have you registered your child's name at any other school(s) and if so, which?				
FIRST SIGNATORY				
Title * (e.g. Mr, Mrs, Ms):				
Relationship to child *:				
Contact telephone number *:				
Evening (if different): Mobile (if different):				
Email address *:				
Address * (including postcode):				
(Continued overleaf)				

REGISTRATION FORM (continued)

Title * (e.g. Mr, Mrs, Ms):	Full name *:	
Relationship to child *:		
Contact telephone number *:		
Evening (if different):		Mobile (if different):
Email address *:		
Address * (including postcode):		
	dress(es) of any othe	person with parental responsibility (i.e. legal responsibility) for the and their consent to the child attending the School will be required
Title * (e.g. Mr, Mrs, Ms):	Full name *:	
Address * (including postcode):		
		ay the school fees for your child please provide below their full
name and address and their relationship	to your child.	

CONNECTIONS WITH TH	HE SCHOOL			
Please mention here the name connection with the School.	es of any other membe	ers of the family atten	ding the School or registe	ered for entry; or any other
PLEASE INDICATE HOW	YOU FIRST HEARD	OF THE SCHOOL		
Local reputation:	Present school:	Friends:	Internet:	Schools Guide:
Other (please give details):				
PLEASE STATE THE NAM	E AND ADDRESS OF	F THE PRESENT SC	HOOL (with dates of a	ttendance)
Name and address of school	*:			
Dates of attendance *:				
Name of Head *:				
Please complete the attached Confidential Information Form, if applicable, in order to assist us with making any special				
arrangements which are required for School visits and/or entrance assessments.*				
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. Further information is contained in our

admissions policy published on our website. A copy of the School's Terms and Conditions will be supplied on request.

(Continued overleaf)

REGISTRATION FORM (continued)

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 or previous 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 assessments or taster days 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, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are published on the School's website: https://www.longacre.surrey.sch.uk/privacy-policy-2/.

DECLARATION

1/\	We request that	our child name	d above is registere	ed as a prospec	tive pupil.
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- A cheque (payable to Longacre School) for the non-refundable registration fee of £100 is enclosed.
- I have made a BACS transfer for the non-refundable registration fee of £100 to:

Lloyds Bank

Sort Code: 30-93-74

Account Name: Longacre School Account Number: 00492209

before returning this completed Registration Form duly signed by me/us.

SIGNATURES

First signatory:	Second signatory:
Signature *:	Signature *:
Name in full * (Please include all names):	Name in full * (Please include all names):
Relationship to child *:	Relationship to child *:
Date:	Date: