

PLEASE ATTACH
A RECENT
PHOTOGRAPH
HERE

Crescent School
Bilton, Rugby
CV22 7QH

Tel: 01788 523851

e-mail:

admissions@crescentschool.co.uk

Web: crescentschool.co.uk

Registration Form

PLEASE USE BLOCK CAPITALS AND COMPLETE IN BLACK INK

Child's details

Surname: _____

First names (in full): _____

Preferred first name: _____

Date of birth: _____ Gender: please specify _____

Nationality: _____ Ethnicity: _____

Passport number: _____ Expiry date: _____

First language: _____

Religious denomination, if appropriate: _____

Date of baptism, if appropriate: _____

Date of confirmation, if appropriate: _____

Proposed date of admission: _____ Term: _____ Year: _____

Admission year group: _____

Parents' details

	Parent 1	Parent 2
Title:		
Surname:		
First name:		
Relationship to child:		
Parental Responsibility:	Yes/No	Yes/No
Address:		
Postcode:		
Occupation:		
Marital status:		
Nationality:		
Home tel:		
Work tel:		
Mobile tel:		
Email:		

Fee accounts will be addressed to first name indicated above unless other arrangements are made with the Bursary.

Please mention here the names of any other members of the family currently attending Crescent School, Little Crackers Nursery, Crackley Hall, or Princethorpe College, or registered for entry:

Name	Relationship	School

Education details

Current school or nursery, please complete if applicable:

Date of joining current school or nursery:

Name of Head Teacher or Nursery Manager:

Address of school or nursery:

Postcode:

Telephone number:

Email address:

Special educational needs and disabilities (SEND)

Does your child have special educational needs and disabilities? (SEND)

Yes No

(please tick as appropriate)

If yes, what is the nature of the need?

If yes the Admissions Office will contact you.

Medical information

Does your child have any medical conditions that we should be made aware of?

Yes No (please tick as appropriate)

If yes, please provide details, including allergies, medication etc?

Doctor's contact details

Name:

Address:

Postcode:

Daytime tel:

Emergency contact details

Additional contact person in the event of an emergency:

Name: Relationship to child:

Address:

Postcode:

Daytime tel: Mobile tel:

Declaration

We request that the above-named child be registered as a prospective pupil, we enclose **one passport sized photograph**, a **copy of the child's birth certificate** AND we have **paid the non-refundable Registration Fee of £50.00**.

Payment has been made by either:

- Cheque (cheques to be made payable to The Princethorpe Foundation) or
- BACS transfer to the account detailed below (please use reference Reg Fee plus child's first initial and surname, ie RegFee A.Person)

Bank HSBC Bank plc
Account Name The Princethorpe Foundation - Crescent School
Sort Code 40-39-11
Account Number 62294834

We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the school but does ensure that our child will be considered for selection as a pupil at the school;
2. a reference will be obtained from my child's current school and the outcome of this application will also be shared with my child's current school.
3. the school may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
4. in the event that our child is offered a place at the school, such an offer will be subject to the school's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.
5. Data protection. The school will use the information it holds on us and our child to communicate with us about the school, the admissions process and related news and events. In the event of a withdrawal or unsuccessful application at our instruction the school will unsubscribe us from any future communication.

Parent 1:

Name in full: _____

Relationship to child: _____

Date: _____

Signature: _____

Parent 2:

Name in full: _____

Relationship to child: _____

Date: _____

Signature: _____

If parents are not living together please indicate which one has custody and send a copy of the custody order with this registration form.

- Parent 1 Parent 2 Shared Custody

Who is the candidate currently living with? _____

Reports and correspondence will be sent to the first named above, unless an alternative is specified below:

- Parent 2 Both parents

A copy of the current edition of the standard terms and conditions is available on request and available to download from our website, www.crescentschool.co.uk.

Information for marketing purposes

Is either parent a past pupil of Crescent School, Princethorpe College, Crackley Hall (St Joseph's) or Abbotsford School? Yes No

If yes please circle school above and indicate Parent 1 and/or Parent 2 and give maiden name if appropriate: _____

or is there any other connection with the school? Yes No

Please specify: _____

How did you first hear about the school? _____

All information is held securely on the Foundation's database and will be processed fairly and lawfully in accordance with the General Data Protection Regulation 2018. Your data will not be shared with any third party unlawfully.

Copies of our Privacy Notices are available on request and appear on our website at www.crescentschool.co.uk/school-policies