

## Registration Form

### 1) Pupil Details

First Names:		Gender:	
Surname:		Date of Birth:	
Preferred name:		Nationality:	
Proposed date of entry:		Year group:	
Religious Denomination (if any):			
Current school:		Headteacher's name:	
Does your child have any specific learning difficulties or special needs of any kind?	Yes:		No:
If Yes, please give details:			
Address:			
	Post Code:		

### 2) Parent 1

First Names:		Occupation:	
Surname:			
Address:	<i>(If different from above)</i>		
	Post Code:		
Home Telephone			
Work Telephone			
Mobile:			
Email address:			

### 3) Parent 2

First Names:		Occupation:	
Surname:			
Address:	<i>(If different from above)</i>		
	Post Code:		

Home Telephone No:	
Work Telephone No:	
Mobile:	
Email address:	

**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 current edition of the Terms and Conditions will be supplied on request.

**Admissions Fees**

The £100 Registration Fee (non-returnable) must be made before we are able to process your application. Payment is to be made by an online bank transfer from your bank to ours. We will send you our bank details via email.

The £350 Acceptance Deposit must be paid before your child’s place can be confirmed.

When the offer of a place is made, the Acceptance of Place Form and the Conditions of Acceptance document will be sent for parents to complete. When Parents accept the Offer of a Place, an Acceptance Deposit of £350.00 is payable. This deposit is refundable without interest from the final term’s main school fees.

Please kindly include the following reference information with your payment:

Registration Fee: REGSURNAME

Acceptance Deposit: DEPSURNAME

**Declaration**

We request that the name of our above-named child be registered as a prospective pupil. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We also understand that the School (through the Headteacher, as the person responsible) may, in accordance with the provisions of the **Data Protection Act 1998** obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. We also understand that the school may contact us from time to time for the purpose of providing information about the school and its activities.

First Signature: _____	Second Signature: _____
Name in full: _____	Name in full: _____
Relationship to the Child: _____	Relationship to the Child: _____
Date: _____	Date: _____

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