



APPLICATION FORM

Proposed Start Date Year Group of Entry

1 YOUR CHILD

Surname of Child
First Names Preferred Name
Nationality Date of Birth
Gender Religion First Language
Primary Address
..... Post Code

2 TYPE OF PLACE (please tick)

Part Time Full Time

Have you registered your child's name at any other school (s) and if so, which?

3 PARENT / LEGAL GUARDIAN 1

4 PARENT / LEGAL GUARDIAN 2

Title	Title
First Name	First Name
Surname	Surname
Day Time Tel No.	Day Time Tel No.
Mobile No.	Mobile No.
Email	Email
Address (if different to the address given in section 1)	Address (if different to the address given in section 1)
..... Post Code Post Code
Occupation	Occupation

5 OTHER PEOPLE WITH PARENTAL RESPONSIBILITY

Title (e.g Mrs/Mr) First Name
Surname Mobile Number
Address (if different to the address above)
Relationship to child

6 CONNECTIONS WITH THE SCHOOL

Please detail any family member attending the School, applying for entry, or other connections with the School

7 CURRENT SCHOOL

Name of current school

Address

Name of Head Dates of Attendance

8 MORE ABOUT YOUR CHILD

Please outline any of your child's hobbies and interests

Please provide us with details of any medical conditions, health problems or allergy affecting your child; any learning difficulty, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child.

.....

9 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 School's *Terms and Conditions* will be supplied on request. **Please note that we also require a copy of your child's birth certificate, passport and most recent school report. In addition, a registration fee of £50.00 is payable when this form is returned.**

10 DECLARATION

I / We request that our child named above is registered as a prospective student.

I / We understand that the School (through the Proprietors, as the persons responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include 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.

I / We agree and accept all terms and conditions set out by Farrowdale House Independent Preparatory School.

Parent / Guardian 1

Parent / Guardian 2

Name in Full

Date of Birth

Relationship to child

Signature

Date

**Please return this form and all additional documentation to:
info@farrowdale.com / Farrowdale House Farrow Street, Shaw OL2 7AD**