

Mobile tel: Email:

Registration Form

PLEASE USE BLOCK CAPITALS AND COMPLETE IN BLACK INK

PLEASE ATTACH A RECENT PHOTOGRAPH HERE St Joseph's Park Kenilworth Warwickshire CV8 2FT

Telephone: 01926 514410

-mail:

Crackley Hall School

admissions@crackleyhall.co.uk **Web:** crackleyhall.co.uk

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 app	propriate:			
Date of baptism, if appropriate	:			
Date of confirmation, if approp	riate:			
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:				

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 Little
Crackers Nursery, Crackley Hall, Crescent School 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:
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
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:
AUGICOO.
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:

- to The Princethorpe Foundation) or
- BACS transfer to the account detailed below (please use reference Reg Fee plus child's first initial and surname)

Bank HSBC Bank plc

Account Name The Princethorpe

> Foundation -Crackley Hall

Sort Code 40-26-04

Account Number 01318128

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.
- Cheque (cheques to be made payable 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:		Parent 2:
Name in full:		Name in full:
Relationship to child:		Relationship to child:
Date:		Date:
Signature:		Signature:
If parents are not living custody order with this	, ,	dicate which one has custody and send a copy of the
Parent 1	Parent 2	Shared Custody
Who is the candidate of	currently living with?	
Reports and correspons specified below:	ndence will be sent	to the first named above, unless an alternative is
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.crackleyhall.co.uk.

Information for marketing purposes
Is either parent a past pupil of Princethorpe College, Crackley Hall (St Joseph's), Abbotsford School or Crescent 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?
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.crackleyhall.co.uk/policies.