



REGISTRATION FORM

Registration Fee £75 (not refundable)

Please return this form with a non-refundable Registration Fee of £75. Payment can be made either by bank transfer (Sort code: 30-93-08 A/c No: 00004709) or by cheque, payable to St Christopher's School Trust (Epsom) Ltd. to The Finance Manager, St Christopher's School, 6 Downs Road, Epsom, Surrey KT18 5HE

PLEASE COMPLETE IN BLOCK CAPITALS

PUPIL DETAILS

Child's Surname First Names

Date of Birth Gender M/F Nationality.....

Religious Denomination First Language

Additional languages spoken at home

Proposed term of entry

Class (*please circle*): Nursery / Pre-Reception / Reception / Year 1 / Year 2

Name(s) of siblings in school.....

PARENT/GUARDIAN DETAILS

Parent Name

Address

..... Post Code

Occupation Email

Telephone numbers: HomeOffice

Mobile

Parent Name

Address

..... Post Code

Occupation Email

Telephone numbers: HomeOffice

Mobile

Conditions of Entry

1. The offer of a place is at the discretion of the Headteacher.
2. Offers of places are subject to availability. Once an offer is made, a completed Acceptance Form and a £750 Deposit per child must be returned to the School within 2 weeks in order to secure the place.
3. The School must be notified of any change of address.
4. School Fees must be paid either:
 - a) in full on or before the first day of term, or
 - b) by instalments under our Direct Debiting Scheme.
5. Interest may be charged for the late or non-payment of Fees.
6. At least one full term's notice of intention to withdraw a pupil from the School must be given in writing to the Headteacher. Such notice must be received by the Headteacher on or before the final day of the term preceding the term in which the child will leave the School. If such notice is not given the School will be entitled to a term's fees in lieu.
7. No refund of Fees will be made if the School is temporarily closed by the Headteacher due to unforeseen circumstances beyond the School's control.
8. The conditions set out in this Registration Form may be amended from time to time. Parents will be advised of any changes.

Declaration

By signing this Registration Form I/we have read and agree to the Conditions of Entry set out above and understand, accept and agree that:

I/We wish that the name of our above-named child/ward be registered as a prospective pupil.

A payment for the non-refundable Registration Fee of **£75.00** has been made/is enclosed.

I/We understand that the School, as a registered Data Controller, will process and hold any personal information about us and our child/ward, including sensitive information such as medical details. I/We consent to the processing of our data and our child's data; for further information on how we use your data please refer to our Privacy Notice.

I/We also understand that the School will log this registration onto the School Pre-Admissions Database for administration and marketing purposes and may contact me from time to time to provide information about the School and its activities.

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| <p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p> | <p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p> |
|--|--|

For Office Use

Date of Receipt Time