



Registration form

Request for a place on the waiting list

Please complete this form in as much detail as possible. We need this information to be able to process your application for a place for your child.

Information which is mandatory for you to provide is indicated below by a *

If you do not complete the mandatory sections in full this may jeopardise or delay your application.

Your child				
Surname of your child*				
First names* (underline preferred name)				
Date of birth*				
Nationality				
Is your child British or Swiss or from a country within the European Economic Area? *		Yes		No
If you answered No above please state your child's nationality				
Type of place* (please tick)				
<input type="checkbox"/>	Nursery	<input type="checkbox"/>	Pre-Preparatory	<input type="checkbox"/>
		<input type="checkbox"/>	Preparatory	<input type="checkbox"/>
				Senior
Proposed term and year of entry				
NB this Registration form is only valid for the year of entry stated. A new registration Form will be required if the year of entry changes.				
Have you registered your child's name at any other school(s) and if so, which? *				

Father / legal guardian				
Title* (e.g. Mr)				
Full name*				
Contact telephone number*		Evening (if different)		Mobile (if different)
Email address*				
Address* (including postcode)				
Occupation				
Employer's business name and address				
Mother / legal guardian				
Title* (e.g. Mrs, Ms)				
Full name*				
Contact telephone number*		Evening (if different)		Mobile (if different)
Email address*				
Address* (including postcode)				
Occupation				
Employer's business name and address				

Other people with parental responsibility*

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or step parent and their consent to the child attending the School will be required if an offer of a place is made.

Title	
Full name	
Address (including postcode)	

Connections with the School

Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

Please indicate how you first heard of the School

<input type="checkbox"/>	Local reputation	<input type="checkbox"/>	Present school	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Advertisement
<input type="checkbox"/>	Website	<input type="checkbox"/>	Other (please give details)				

Please state the name and address of the present school (with dates of attendance)

Name and address of school*	
Dates of attendance*	
Name of Head*	

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience
(if applicable)

Nursery sessions required (if applicable)

Morning Session 9.00 am to 1.00 pm – Afternoon Session 12.00 pm to 4.00 pm

	Monday	Tuesday	Wednesday	Thursday	Friday
A					
M					
	L	U	N	C	H
P					
M					

Please tick each morning, afternoon or full day you wish to book. Sessions are non-transferable although you may always add sessions as your child gets older.

Optional Sessions

Early bird 8.00 am to 9.00 am After School Club 4.00 pm to 5.00 pm (additional charges may apply)

Please give an outline of your child's other hobbies or interests (if applicable)

Please complete the attached Confidential Information Form, if applicable, in order to assist us with making any special arrangements which are required for School visits and/or entrance assessments*

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.

How we will use the information provided in this form

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

For example:

- a) we may contact your child's current or previous school to ask for a reference;
- b) we may ask for information about other schools to which you are applying because they may hold their entrance exam on the same day as ours;
- c) we may contact other people with parental responsibility to check that they consent to your child joining the School;
- d) the Confidential Information Form will be used to ensure that we have made any reasonable adjustments/suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;
- e) and we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are published on the School's website: <http://www.dukeofkentschool.org.uk/about-duke-of-kent/school-information-and-policies>.

If your child is aged 12 years or older please show him/her a copy of the pupil privacy notice for older pupils and discuss it with him/her.

Declaration

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

I / We enclose the non-refundable Registration Fee of £100 together with this completed Registration Form duly signed by me / us.

Please return this form together with your Registration Fee and a copy of your child's Birth Certificate or Passport to the Registrar.

To pay directly into the School's bank account details are as follows:

Account Name: Duke of Kent School Sort Code: 30-11-75 Account Number 00323529

Please ensure that you reference your payment with your child's full name

Signatures of parents / legal guardians

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full (please include all names)		
Date of birth (optional)		
Relationship to child		
Date		

Duke of Kent School, Peaslake Road, Ewhurst, Surrey GU6 7NS

Telephone number: 01483 277313

Fax number: 01483 273862

Email: office@dokschool.org

Website: www.dukeofkentschool.org.uk

Registered Charity No. 1064183

Registered Office: As above

Company Limited by Guarantee Registered in England No 3424289

Confidential Information Form

All information received in this form will be treated in confidence.

Child's full name	
Name of parent / legal guardian (1)	
Name of parent / legal guardian (2)	

Please disclose any medical condition, health problem or allergy affecting your child.

If applicable to your child, it will also help us plan for their arrival, if you can let us know of any:-

- learning difficulty
- special educational need
- disability
- behavioural, emotional and / or social difficulty.

The information provided in this form will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when he / she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require.

The information requested on this form is needed because the School has contractual and statutory duties towards your child. For more information about how the School will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice. Both of these documents are provided with the letter of offer and published on the School's website: <http://www.dukeofkentschool.org.uk/about-duke-of-kent/school-information-and-policies>.