



FORM OF REGISTRATION FOR ADMISSION

Please complete this form and return it with your fee. Please include the **non-refundable Registration Fee** payment of £45.00 or tick here to indicate payment has been made by BACS

Proposed date of entry: - Month: _____ Year: 20 _____

Into Year Group: _____

Child's Forename(s): _____ Child's Surname: _____

Known as: _____ Date of Birth: _____

Gender: _____

Name and address of current school or nursery:

Telephone no: _____

I would like to request further information about Scholarships (Applicable to entry into Year Five only) for:

Academic: Music:

Sibling currently at RGS: Yes: No: Sibling former pupil of RGS: Yes: No:

Any previous RGSW/AOS/Dodderhill association: Yes: No:

NURSERY AND PRE-SCHOOL APPLICANTS TO COMPLETE THIS SECTION

Please indicate below the sessions you require:

(RGS Dodderhill require a minimum of two sessions per week. A full day is classed as two sessions)

	Morning (8.00am - 1.00pm)	Full Day (8.00am - 6.00pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Your information will be added to our database and we will contact you regarding future and relevant admissions events.

Are there any circumstances relating to your child of which the School should be aware? Please tick as appropriate:

ADHD: Asperger Syndrome: Dyslexia: Dyspraxia: Hearing impairment: Visual impairment:

(Please enclose the most recent Educational Psychologist's report, if you have one)

After your child has been registered, and before the entrance procedure a report will be requested from their current school.

DECLARATION TO BE COMPLETED FOR ALL APPLICANTS

We request that the above-named child be registered as a prospective pupil and we enclose a cheque for the non-refundable Registration Fee, currently £45.00. Cheques should be made payable to RGS Worcester or payment can be made by BACS transfer using your child's name as reference to: Account number 00054173 Sort Code 30 99 90.

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. We request that the School process personal data about us and 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. We understand that the processing of personal data about us and our child, including sensitive personal data, is necessary for these purposes. This will include the School requesting and obtaining a report from our child's current school as part of the School's selection procedures. Further information about how we collect, use and protect personal data can be found in the Privacy Notice available on the School's website.
3. 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, upon signing the contract and agreeing to the School's Terms and Conditions.
4. Any false or misleading information will permit the School to withdraw the offer of a place and/or terminate the contract.

First Signature:

Second Signature:

Date:

Date:

Parent/Guardian

Parent/Guardian

Relationship to Child:

Relationship to Child:

Title:

Title:

Full Name:

Full Name:

Address:

Address:

Postcode:

Postcode:

Telephone (Home):

Telephone (Home):

(Work):

(Work):

(Mobile):

(Mobile):

Email:

Email:

Occupation (optional):

Occupation (optional):

Company Name (optional):

Company Name (optional):

Child's home address

Child's home address

If the addresses of PARENT/GUARDIAN are different please tick one box to indicate pupil's home address