THE HOWE GREEN EDUCATIONAL TRUST LIMITED

Registered Office:
Howe Green House, Great Hallingbury, Bishop's Stortford, Herts, CM22 7UF
Telephone: (01279) 657706 Fax: (01279) 501333

REGISTRATION FORM
For entry from Reception to Year 6 Classes

TO BE COMPLETED BY THOSE WITH **PARENTAL RESPONSIBILITY**[1] FOR THE CHILD
PLEASE USE **BLOCK** CAPITALS

CHILD'S DETAILS

Surname of child:					Please attach photo here
First name(s) in full:					
Name generally used:					
Sex:	Boy:		Girl:		
Date of birth:					
Address of child's main residence including post code:					
Nationality:	British:				
	Other European: *(please specify)*				
	Other non-European: *(please specify)*				
Religion:					
Proposed date of admission					
Is English your child's first language? *(If not, please state his/her first language)*					

[1] Parental responsibility is defined in the Children Act 1989 as "*all rights, duties, powers and responsibilities and authority which by law **a parent** of a child has in relation to the child and his or her property*". It equates to legal responsibility for the child. If you have any doubts about whether you do or do not have parental responsibility for the child you may wish to seek legal advice.

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PARENTS' DETAILS

Relationship to child	Parent 1*		Parent 2*
Title:			
Surname:			
First name (s) in full:			
Address:			
Occupation:			
Nationality:			
Home Telephone Number:			
Work Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Emergency Contact name and number: Please state relationship to child			

***If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:**

……
……

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:

……
……
……
……
……
……

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Please state name and address of the present school or educational establishment (with date of entry):

……

……

Name of Headteacher (or equivalent):

……

I consent that a reference can be sought from my child's current school:

☐ Yes ☐ No

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

Asthma		Allergies *(please specify below)*		Dyslexia	
Dyspraxia		Hearing impairment		Visual impairment	
Other *(please specify below)*					

……
……
……
……
……

(Please enclose the most recent Education Psychologist's report, if you have one. Please also send us any relevant medical, special needs or other educational reports you may have).

DECLARATION

We (as holders of parental responsibility for) request that the above-named child be registered as a prospective pupil of the School **AND** we enclose/attach a copy of our child's birth certificate together with confirmation that our payment of the **non-refundable** Registration Fee of £120.00 (including VAT) has been made by bank transfer to:

The Howe Green Educational Trust Limited
HSBC
Sort Code: 40-12-03
Account Number 71449826

By signing this Registration Form we understand, accept and agree 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. if 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[2], which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;

3. if applicable, the School may request from our child's present school or educational establishment: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;

4. the School may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:

   (i) administering its list of prospective pupils;
   (ii) its registration, selection and/or admission procedures, including as set out above; and
   (iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

Signed by:	**Signed by:**
…… (*signature*)	…… (*signature*)
…… (*print name*)	…… (*print name*)
…… (*date*)	…… (*date*)
…… (*relationship to child*)	…… (*relationship to child*)

☐ Please tick this box if you have sole parental responsibility for your child and therefore understand you are solely responsible for your child's school fees.

[2] A copy of the current terms and conditions (known as the School's Parent Contract) is available for your information upon request at any time, but please note that the version of the parent contract supplied may be subject to change prior to the point in time when a place at the School for your child may be offered.