



**PLEASE USE BLOCK CAPITALS**

**TO BE COMPLETED BY THOSE WITH PARENTAL RESPONSIBILITY FOR THE CHILD**

Date: .....

Child's Surname: .....

Child's Forename(s): .....

Date of Birth: ..... Nationality on passport: ..... Religion: .....

Is English your child's first language?  
(If not, please state his first language): .....

Year your son is due to start at The New Beacon: Month .....Year.....

Mother's Forename(s): .....

Mother's Surname: ..... Title.....

Mobile No: ..... Email address: .....

Occupation: ..... Work No:.....

Work Address:  
.....

Father's Forename(s): .....

Father's Surname: ..... Title.....

Mobile No: ..... Email address: .....

Occupation: ..... Work No:.....

Work Address:  
.....

Permanent Address:  
.....  
.....

Home Telephone Number: .....

Home email: .....

Marital Status: (please indicate) Single/Married/Separated/Divorced/Widowed/Engaged

If separated or divorced, with whom does your son live? Mother/Father



Name of Headteacher: .....

Address of present school:.....

.....

Email address of present school:.....

Telephone Number of present school: .....

Does your child have any disability, medical or Special Education needs? (This information will not affect your application)

Yes  No

If yes 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).

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

ADHD	<input type="checkbox"/>	Allergies <i>(please specify below)</i>	<input type="checkbox"/>	Aspergers Syndrome	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>		<input type="checkbox"/>
Other <i>(please specify below)</i>	<input type="checkbox"/>				

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**Do you wish to apply for Bursary Assistance towards the fees?**

Yes  No

*Bursary assistance may be offered subject to confirmation of financial status and is subject to annual review. Details of arrangements for Bursaries and application forms will be sent to everyone who expresses an interest.*

Please mention any other member of the family registered for entry, attending the school, or who is a former pupil of The New Beacon. (Please give name and date of attendance if known)

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Please tell us how you first heard of The New Beacon (tick as many as applicable)

Reputation  Present School  Friends  Advertisement  Website  Facebooks

Other (please specify) .....

Are you considering any other School: Yes  No

If so which other schools:.....

I request that my son be registered as a prospective pupil at The New Beacon School. A cheque for £100 non-returnable is enclosed made payable to **The New Beacon Educational Trust Ltd, or payment by direct transfer to:**

Amount: £100  
Bank: NatWest  
Branch: Sevenoaks  
Branch address: 67, High Street, Sevenoaks, Kent, TN13 1LA  
Sort Code: 60-19-02  
Account Number: 25830937  
Account Name: The New Beacon Educational Trust Ltd  
Child's name  
IBAN: GB28 NWBK 6019 0225 830937  
BIC: NWBK GB 2L

along with the completed entrance form. I understand that the standard terms and conditions of the school will undergo reasonable change from time to time as circumstances require and will apply in all my dealings with the school. I hereby agree a term's notice of my son's withdrawal will be given or a term's fees paid in lieu of notice.

First signature .....

Name in Full.....

Relationship to the applicant.....

Second signature .....

Name in Full.....

Relationship to the applicant.....

*I understand also that the school, through the Headmaster, as the person responsible, may obtain process and hold personal information about my son, including sensitive information such as medical details, and I consent to this for the purposes of assessment and to promote the welfare of my son.*

**Please provide a copy of your son's birth certificate.**