



The New Beacon

Ex Fumo • Dare • Lucem

The New Beacon Registration Form

**TO BE COMPLETED BY THOSE WITH PARENTAL RESPONSIBILITY
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:		
Date of birth:		
Nationality:	British:	
	Other European: <i>(please specify)</i>	
	Other non-European: <i>(please specify)</i>	
Religion:		
Proposed date of admission [term and year]:		
Is English your child's first language? <i>(If not, please state his/her first language)</i>		

PARENTS' DETAILS

Relationship to child	Father*		Mother*
Title:			
Full Name:			
Home address:			
Occupation:			
Nationality:			
Home tel:			
Work tel:			
Mobile tel:			
E-mail address(es):			
Marital Status			
If separated or divorced, with whom does your son live <i>(tick box)</i>			

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 institution (with date of entry):

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.....

Name of Headteacher (or equivalent):

.....

E-mail address:.....

Tel number:.....

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"/>	Aspersers 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"/>	External agencies i.e. Social Services	<input type="checkbox"/>
Other <i>(please specify below)</i>	<input type="checkbox"/>				

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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.

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

.....

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

Reputation Present School Friends Advertisement Website

Other (please specify)

Are you considering any other School: Yes No

If so which other schools:.....

DECLARATION

I/We request that the name of the above-named child be registered as a prospective pupil of the School **AND** we enclose a cheque for the **non-refundable** Registration Fee of £100 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

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, which will bind us (as the holders of parental responsibility for him 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 institution: (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.
5. 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.

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