

WYCLIFFE COLLEGE REGISTRATION FORM

(Please type or print clearly)



Applicant's details:

Surname of pupil:			
Given name(s) of pupil:		Middle name(s) of pupil:	
Preferred name (if different):			
Date of birth:		Day/Boarder/ Flexi-boarder/ Nursery:	
Girl / Boy:		Term and Year of Entry:	
Nationality on passport:		Religious affiliation:	
First Language:		Second Language:	
Sessions required for Nursery (minimum of five sessions):			

Current school:	
Postal address:	
Head teacher's name:	
Contact details: (tel, email)	

Parent / Guardian details:

Parent 1 title:		Parent 2 title:	
Parent 1 given name:		Parent 2 given name:	
Parent 1 surname:		Parent 2 surname:	
Parent 1 profession:		Parent 2 profession:	
Home postal address: (inc. postal/zip code)		Home postal address: (if different from Parent 1)	
Home telephone no:		Home telephone no: (if different from Parent 1)	
Mobile telephone no:		Mobile telephone no:	
Email address:		Email address:	
Please tick if this is the pupil's home address <input type="checkbox"/>	If different from Parent 1, please tick if this is the pupil's home address		<input type="checkbox"/>

Emergency Contact:

Please provide the name and contact number that we may use if we are unable to reach you in an emergency

Name:			
Contact number:		Relationship to pupil:	

Special Educational Needs (SEN):

Please indicate if your child has any of the following (please tick the relevant boxes and provide additional information where possible)

ADHD		Allergies		Asperger's Syndrome	
Autism		Dyslexia		Dyspraxia	
Hearing Impairment		Visual Impairment			
Any other SEN?					
Any special arrangements in place for Classroom or Exam conditions?					

* Please include any special arrangements that may need to be made for your child to visit Wycliffe

The final acceptance of a pupil will be conditional on the Head teacher's report, an interview at the School and upon receipt of the signed Acceptance of Place form

We / I 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;
2. The school may process personal data about 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 and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
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.

PRINT Name of Parent / Guardian responsible for payment of fees:

Signature: _____ **Date:** _____

A non-refundable registration fee of £100 should be submitted, via bank transfer, with this form.

For pupils aged 3 –13, contact Briony Armstrong, Prep Admissions: Tel: +44 (0)1453 820471.
 Email: Briony.Armstrong@wycliffe.co.uk

For pupils aged 13–18, contact Fiona Lawson-Best, Senior Admissions: Tel: +44 (0)1453 820412.
 Email: Fiona.Lawson-Best@wycliffe.co.uk

Data Protection

Please see the School's [Privacy Notice](#) for further information about how the School uses yours and your child's personal data.