



**UNITED CHURCH SCHOOLS TRUST
HULL COLLEGIATE SCHOOL
REGISTRATION FORM**

(REQUEST FOR AN ASSESSMENT FOR A PLACE IN THE SCHOOL)



Please complete in BLOCK CAPITALS and return to the Registrar with your registration fee.

Proposed DATE OF ENTRANCE (Month) (Year)

Surname of Prospective Pupil:

First Names:

Date of Birth: Nationality: Religion: Boy/Girl

Have you registered your child's name at any other school/s and if so, which?

Father's Title, Full Name, Address:

..... Post Code

Daytime Telephone: Mobile Telephone:

Evening Telephone: Email:

Mother's Title, Full Name, Address (if different from above):

.....

..... Post Code

Daytime Telephone: Mobile Telephone:

Evening Telephone: Email:

Guardian's Full Title, Full Name, Address (If applicable)

(appointed under Section 5 of the Children's Act 1989, by court or by a parent with parental responsibility, or by an existing guardian)

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..... Post Code

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Daytime Telephone: Mobile Telephone:

Evening Telephone: Email:

If FEES are to be paid by a person or persons other than the named parents/guardians please give full name(s) and address:

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.....

P.T.O.

Financial assistance is limited and subject to means-testing. Is your application dependent on this? **YES/NO**

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 give the name and address of the present school:

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Name of Head:

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Type of school:*maintained primary / independent primary / maintained secondary / independent secondary

Notes

Does your child require any specialist educational provision? Please specify:

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A copy of the School's Admissions Policy is enclosed.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £25 is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature:

Second Signature:

Name in full:

Name in full:

Relationship to the Child:

Relationship to the Child:

Date:

Date:

For school use only: Date Rec'd			Registration fee received			Reference sent for					
Entrance examination date and particulars sent.....											
Examination result notified:-											
Offer:			Waiting List:			Refusal:			Place accepted:		
Acceptance fee received (date)						Information pack sent (date)					