

REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DETAILS OF STUDENT | | | | | | | | | | | | | |
| Surname | | | | First name(s) | | | | | | Title | | | |
| Middle name | | | | Preferred name  *(if different from above)* | | | | | | Preferred  Pronoun | | | |
| Date of birth | | | | Nationality | | | | | | | | | |
| Home address | | | | | | | | | | | | | |
| Mobile telephone number | | | | Email address | | | | | | | | | |
| Proposed entry date | | | | Year of entry | | | | | | Age at entry | | | |
| ARE YOU APPLYING FOR A SCHOLARSHIP? | | | | | | | | | | | | | |
| Please tick the appropriate scholarship you wish to apply for:  Academic Creative Arts Music Performing Arts Sports | | | | | | | | | | | | | |
| DETAILS OF PARENT/GUARDIAN | | | | | | | | | | | | | |
| Full name | | | | | | Relationship to student | | | | | | | |
| Home address | | | | | | Occupation | | | | | | | |
| Home telephone number | | | | | | Mobile telephone number | | | | | | | |
| Email address | | | | | | Please tick if you are the bill payer | | | | | | | |
| DETAILS OF SECOND PARENT/GUARDIAN | | | | | | | | | | | | | |
| Full name | | | | | | Relationship to student | | | | | | | |
| Home address | | | | | | Occupation | | | | | | | |
| Home telephone number | | | | | | Mobile telephone number | | | | | | | |
| Email address | | | | | | Please tick if you are the bill payer | | | | | | | |
| OTHER PEOPLE WITH PARENTAL RESPONSIBILITY | | | | | | | | | | | | | |
| Full name | | | | | | Relationship to student | | | | | | | |
| Home address | | | | | | Occupation | | | | | | | |
| Mobile telephone number | | | | | | Email address | | | | | | | |
| PLEASE INDICATE HOW YOU FIRST HEARD OF THE SCHOOL | | | | | | | | | | | | | |
| Current School | | Word of Mouth | | | | Senior School Event | | | | | Social Media | | |
| Search Engine | | Printed Publication | | | | Other | | | | | | | |
| LEARNING SUPPORT AND MEDICAL NEEDS | | | | | | | | | | | | | |
| Has your child, or do you believe that your child has, any medical condition, health problem, allergy, learning difficulty, disability, special educational need, behavioural, emotional, and/or social difficulty?  If ‘Yes’ please attach a recent specialist report with this application Yes No | | | | | | | | | | | | | |
| CHILD’S INTERESTS | | | | | | | | | | | | |
| Please tell us what your child’s main interests, hobbies and passions. For A-level students, please also state their subjects of interest. | | | | | | | | | | | | |
| BOARDING | | | | | | | | | | | | |
| Full boarding is available for students aged 13+ at the start of their course.  Please tick ‘Yes’ if you are applying for a boarding place Yes | | | | | | | | | | | | |
| CURRENT SCHOOL DETAILS | | | | | | | | | | | | |
| Full name | | | | | Dates of Attendance | | | | Headteacher | | | |
| School address | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | | |
| The School currently holds a licence to sponsor international students under the Student and Child Student Routes. Parents should inform the School at the point of registration (or later if circumstances change) if their child requires sponsorship. It is the parents’ responsibility at all times to ensure that their child has the appropriate immigration permission to live in the United Kingdom and to study at this School. Parents must permit the School to take and retain copies of all documentation in order to comply with its duties as a Sponsor, including passport, Settled/Pre-Settled Status, visa, vignette and/or Biometric Residence Permit of the child (this shall include parent passports if the child in on a Dependent visa).  For non-UK nationals, is Sponsorship under the Child Student or Student Route required? Yes No  If ‘No’ , please inform us of the child’s immigration status. | | | | | | | | | | | | |
| ENGLISH AS AN ADDITIONAL LANGUAGE | | | | | | | | | | | | |
| Any student that speaks a language in addition to English at home falls into the Department of Education (DfE) definition of having English as an additional language (EAL).  Does your child speak any language in addition to English at home? Yes No  If ‘Yes’, please state additional languages | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | |
| I/We request that our child named above is registered as a prospective student. I/We confirm that our child has not been dismisses, nor his/her removal required, from any school on account of misconduct. I/We declare that all the information disclosed in this Registration Form is correct and complete to the best of my/our knowledge. I/We understand that the School may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by a licenced credit agency or information contained in any court orders, petitions or proceedings. I/We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details; 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 my/our child. I/We understand that a non-refundable Registration Fee of £250 is required to submit a formal application. | | | | | | | | | | | | |
| Signature of parent/guardian | | | | | | | Signature of second parent/guardian | | | | | |
| Full name | | | | | | | Full name | | | | | |
| Date | | | | | | | Date | | | | | |
| NATIONALITY | | | | | | | | | | | | |
| ACCOUNT NAME  Kensington Park School Ltd | ADDRESS  Lloyds TSB Bank plc,  PO BOX 1000,  BX1 1LT | | SORT CODE  30-95-74 | | | | ACCOUNT NO.  00406805 | SWIFT CODE  LOYDGB21027 | | | | IBAN NUMBER  GB30-LOYD-3095-7400-4068-05 |

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