

REGISTRATION FORM

PRE-RECEPTION AND RECEPTION



St John's
School Billericay

CHILD'S DETAILS

First name (s) Pupil's Legal Surname

Date of Birth Gender

D D M M Y Y Y Y

Proposed date of entry Autumn (Michaelmas) Spring (Lent) Summer (Trinity)

Entry year group Siblings at St John's

CURRENT/ PREVIOUS SCHOOL/ NURSERY DETAILS

Name of School/ Nursery	Dates Attended From and To
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

PARENT/ CARER DETAILS

Parent/ Carer 1	Parent/ Carer 2
Title <input type="text"/>	Title <input type="text"/>
Full name <input type="text"/>	Full name <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
Home no. <input type="text"/>	Home no. <input type="text"/>
Mobile <input type="text"/>	Mobile <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a legal court order relating to this child? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been excluded from their current or previous schools/ nursery either for a fixed period (1 or 2 days) or a permanent exclusion? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Principal: Mrs J. Osen LL.B Hons
Headteacher: Mr A. Angeli BA Hons PGCE

Company Registration Number: 05510138 | Registered in England and Wales
Registered office: Stock Road, Billericay Essex CM12 0AR



ADDITIONAL INFORMATION

Does your child have an Education, Health and Care Plan (EHCP)? Yes No

Does your child have any other special educational needs? Yes No

If yes, please specify

Does your child have medical conditions or health/ food allergies that we should be aware of? Yes No

If yes, please specify

Does your child have any external agency support or is under any clinics i.e. speech and language therapy

Do you currently have any concerns about your child's development?

If yes, please specify

DECLARATION

I/ We would like the above named child to be registered as a prospective pupil of St John's School. I/ We understand that registering a pupil does not guarantee an offer. I understand that my details will be held on the School's Management Information System until I/ we request removal. I/ we understand that if information is incorrect on this registration form, this may, in the future lead to an offer being withdrawn.

Parent/ Carer 1

Signature

Date

Parent/ Carer 2

Signature

Date

REFERENCE CONSENT

Offers for a place at St John's are dependent upon a satisfactory confidential written reference from your child's present school. In the case of a nursery this may be by telephone. Please indicate whether you agree for St John's School to contact the school/ nursery at this stage?

Yes

No

Name of School and Contact:

THANK YOU FOR YOUR REGISTRATION