

# REGISTRATION FORM

PREPARATORY AND SENIOR SCHOOL



# St John's

  
School Billericay

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## 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

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

If yes, please specify

### REGISTRATION FEE PAYMENT

Please complete and return this form to the Registrar's Office with a non-refundable registration fee of £125.00. Payment can be made by; Cash  BACS  (Please tick payment method)

Sort Code 30-90-80 Bank Account Number: 35798960 Account Name: St John's School

### 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	Parent/ Carer 2
Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

### 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: