

REGISTRATION FORM

PRE-RECEPTION AND RECEPTION



St John's
School Billericay

CHILD'S DETAILS

First name (s) Pupil's Legal Surname

Date of Birth
D D M M Y Y Y Y Gender

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 | VAT Registration Number 478 3331 69

Registered in England and Wales | Registered office: Stock Road, Billericay Essex CM12 0AR | 01277 623070



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

*If your child has an EHCP or formal diagnosis please forward a copy of the EHCP and/ or Educational Psychologist report with your application.

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

Parent/ Carer 2

Signature

Signature

Date

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:

Please return to registrar@stjohnsschool.net

THANK YOU FOR YOUR REGISTRATION