

# REGISTRATION FORM

PREPARATORY AND SENIOR SCHOOL



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.

2.

3.

## PARENT/ CARER DETAILS

Parent/ Carer 1

Parent/ Carer 2

Title

Title

Full name

Full name

Occupation

Occupation

Home no.

Home no.

Mobile

Mobile

Address

Address

Postcode

Postcode

Do you have parental responsibility?

Yes  No

Do you have parental responsibility?

Yes  No

Is there a legal court order relating to this child?

Yes  No

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?

Yes  No

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's 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

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 £138.00 (inclusive of VAT). 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understand that if information is incorrect on this registration form, this may in the future, lead to an offer being withdrawn.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:

Please return to registrar@stjohnsschool.net

THANK YOU FOR YOUR REGISTRATION