

Please provide a photo of the child here.



# Lyonsdown School

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## REGISTRATION FORM

(Please use BLOCK CAPITALS)

### Child's Details:

Forename: \_\_\_\_\_ Boy  Girl

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Day / Month / Year

Preferred Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion (optional): \_\_\_\_\_

Intended Date of Entry to Lyonsdown School: \_\_\_\_\_

### Parent 1 Details:

### Parent 2 Details:

Title: _____	Title: _____
Full Name: _____	Full Name: _____
Occupation: _____	Occupation: _____
Home Address (including postcode): _____	Home Address (including postcode): _____
Mobile: _____	Mobile: _____
Home Tel: _____	Home Tel: _____
Work Tel: _____	Work Tel: _____
Email: _____	Email: _____
Names & dates of birth of siblings: _____	
Parents attended Lyonsdown School: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please state the names of any other members of your family who attend or attended Lyonsdown or are registered for entry, or any other connection with the School:

\_\_\_\_\_

Please state name and address of your child's current nursery or school (with date of entry):

\_\_\_\_\_

If attended for less than 12 months, please state name and address of previous school (with dates of attendance):

Please disclose any medical condition, health problem or allergy affecting your child. Please also let us know of any disability, special educational need, or learning, behavioural, emotional or social difficulty, or other circumstances which may affect your child's ability to fully participate in School life. Please provide us with as much relevant detail as possible including copies of any professional reports or assessments. We require this information so that we can consider what reasonable adjustments, if any, we can make in order to accommodate your child.

What is your child's first language?

Can your child speak any other languages? Yes  No  Only hears it but doesn't speak it

If yes, please state the languages spoken/heard at home:

Please state how you heard about Lyonsdown School:

- |  |                          |                         |                          |
|--|--------------------------|-------------------------|--------------------------|
| Open Morning                             | <input type="checkbox"/> | Former pupil            | <input type="checkbox"/> |
| Local Knowledge                          | <input type="checkbox"/> | Personal Recommendation | <input type="checkbox"/> |
| Educational Consultant/Relocation Agency | <input type="checkbox"/> | Please give details:    |                          |
| Marketing/Press                          | <input type="checkbox"/> | Please give details:    |                          |

**Declaration:** We request that the name of the above-named child be registered as a prospective pupil AND we enclose payment of £100 for the non-refundable Registration Fee. Cheques to be made payable to 'Lyonsdown School Trust Ltd' or payment made by internet banking to Account 80536601: Sort Code: 20-29-77 (please use child's name as a reference).

We understand that:

1. Registration of our child as a prospective pupil does not constitute an offer of a place at the School for our child, but does ensure that our child will be considered for selection as a pupil at the School;
2. The School may process personal data about us and our child, including special category personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures. Where relevant, this will include the School requesting and receiving information from our child's current or previous school. We understand that information on how the School handles, shares and otherwise processes our and of all our child's personal data can be found in the Privacy Notice for Members of the School Community (Past & Present) on the School's website;
3. Provision of false and/or misleading information will constitute a material breach of any agreement(s) entered into between the School and us/me and will entitle the School to terminate any such agreement(s) without any obligation to return any deposit or fees paid;
4. We must immediately inform the School if any of the details provided in this Registration Form change;
5. In the event that our child is offered a place at Lyonsdown School, such an offer will be subject to Lyonsdown School's Terms and Conditions for the provision of educational services, which will bind us in the event that we accept the place.

First signature:

Second signature:

Name in full:

Name in full:

Relationship to child:

Relationship to child:

Date:

Date:

This form should normally be signed by all those with parental responsibility for the child. A copy of our latest Terms and Conditions is available on request.