

1 Leatherhead Road, Leatherhead, Surrey KT22 8TJ

## **Registration Form**

Please complete this form and return to Sarah Concanon, the Admissions Registrar at the address above, together with the non-returnable fee of £100. Payment can be made either by:

- a) Bank transfer (A/C No: 00126807 Sort code: 12-01-03 A/C Name: Downsend School)
- b) Or by cheque (payable to Downsend School)

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				0 1	
First Names:				Gender:	
Surname:			Date of Birth:		
Preferred name:		1	Nationality:		
Address:					
				Postcode:	
2. Which Schoo	Downsend school you are	Registering your ch	aild for	r by ticking the a	appropriate box If you are
	an one of our schools, plea			by doking the c	appropriate box. If you are
Downsend Prep School	1				
Ashtead Pre-Prep					
Epsom Pre-Prep					
Leatherhead Pre-Prep					
3 Mothor/Logal					
First Names:	Guardian's Details	Surname & Title			
_	(If different from above)				
First Names:					
First Names:			No		
First Names: Address:		Surname & Title	No		
First Names: Address: Postcode:		Surname & Title  Home Telephone			
First Names: Address: Postcode: Mobile Number:		Surname & Title  Home Telephone I  E-mail address:			

Work email:

Work Telephone:

4. Father/L	_egal (	<u>Guard</u> ian	<u>'s De</u> tails	<u> </u>					
First Names:				Surname & Title					
Address: (If different from above)									
	•								
Postcode				Home Telephone No	D				
Mobile Number:			E-mail address:						
Occupation:			Employer's Name:						
Employer's Add	dress:								
					Postcode:				
Work Telephone:			Work email:						
5. Other D	etails								
•	Proposed term of entry: (Please delete as applicable)			Autumn/ Spring/ Summer 201					
Current School Name & Address (if applicable)									
Religious Deno	mination	n:							
Please mention connection with			mbers of the	family attending the S	chool or registere	d for entry; or any other			
				I condition (including		bilities, special ial Information Form.			
ubject to availab dition of the Teri lace Form and t fer of a place, a	ility and ms and he Cond n accept	the admissi Conditions validitions of Ac- ance depos	ion requirem will be suppli ceptance do it of £750 is	ents of the School at ied on request. When cument will be sent fo payable. The deposit	the time offers a the offer of a plan or parents to com will be retained in	e received. Offers of places are made. A copy of the curren ace is made, the Acceptance oplete. When Parents accept the the general funds of the School are settled on leaving.			
eturnable regist oplicable. We understand reumstances recead, as the persuccess and hold onsent to this fo	that the quire and on responder the puld. We a	Terms and will apply in onsible) manual information rposes of a also understant	Conditions In all our deal Ity, in accorda In about our ossessment a Conditional of the c	of the School will unings with the School. I ance with the provischild, including sensitind, if a place is later	dergo reasonable /We also underst ions of the <b>Data</b> ive information su offered, in order	e pupil. Payment for the non by cheque*. *Please delete as e changes from time to time as and that the School (through the a Protection Act 1998 obtain uch as medical details, and I/wer to safeguard and promote the me for the purpose of providing			
First Sigr	nature:			Second					
Name in	full:			Name in f	full:				
Relations	ship to th	e Child:		Relations	hip to the Child:				
Date:				Date:					



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## **Confidential Information Form**

All information received in this form will be treated in confidence.

Child's Name:						
Parent's /Guardian's Name(s): (1)						
(2)						
Under the School's Disability Policy, and SEN and Learning Difficulties Policy we are required to provide you with the opportunity to disclose any medical conditions (including allergies), health problems, learning difficulty, special educational need or disability of your child. This will assist the School to consider any adjustments we might need to make to assist the child to partake in the School's admissions procedure or when your child enters the School.						
Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.						