



**DOWNSEND**  
SCHOOL

## Registration Form

Please complete this form and return to Sarah Concanon, Admissions Registrar, 1 Leatherhead Road, Leatherhead, Surrey KT22 8TJ together with the non-returnable fee of £100 and a copy of your child's Birth Certificate. 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)

**PLEASE NOTE THAT BOTH THE FORM AND REGISTRATION FEE MUST BE RECEIVED BEFORE WE PROCEED WITH YOUR REGISTRATION**

### 1. Pupil Details

First Name(s):		Gender:	
Surname:		Date of Birth:	
Preferred name:		Nationality:	
Address:			
		Postcode:	

### 2. Chosen School

Please indicate which Downsend school you are Registering your child for by ticking the appropriate box. If you are registering for more than one of our schools, please use a new form.

Downsend Prep School	<input type="checkbox"/>	
Ashtead Pre-Prep	<input type="checkbox"/>	
Epsom Pre-Prep	<input type="checkbox"/>	
Leatherhead Pre-Prep	<input type="checkbox"/>	

### 3. Parent A/Legal Guardian's Details

First Name(s):		Surname & Title	
Address:	(If different from above)		
Postcode:		Home Telephone No	
Mobile Number:		E-mail address:	
Occupation:		Employer's Name:	
Employer's Address:			
		Postcode:	
Work Telephone:		Work email:	

#### 4. Parent B/Legal Guardian's Details

First Name(s):		Surname & Title	
Address:	(If different from above)		
Postcode		Home Telephone No	
Mobile Number:		E-mail address:	
Occupation:		Employer's Name:	
Employer's Address:			
		Postcode:	
Work Telephone:		Work email:	

#### 5. Other Details

Proposed term of entry: (Please delete as applicable)	Autumn/ Spring/ Summer 20..../ 20....
Current School or Nursery Name & Address (if applicable)	
Religious Denomination:	
Please mention here any other members of the family attending the School or registered for entry; or any other connection with the School.	
<b>Please provide us with details of any medical condition (including allergies), disabilities, special educational need or learning difficulty of your child using the attached Confidential Information Form.</b>	

#### Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request. When the offer of a place is made, the Acceptance of Place Form and the Conditions of Acceptance document will be sent for parents to complete. When Parents accept the offer of a place, an acceptance deposit of £750 is payable. The deposit will be retained in the general funds of the School until the pupil leaves and will be repaid without interest, provided all other sums due to the School are settled on leaving.

#### Declaration

I/We request that the name of our above-named child be registered as a prospective pupil. **Payment for the non- returnable registration fee of £100.00 has been made by bank transfer/is enclosed by cheque\*. \*Please delete as applicable.**

I/We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. I/We also understand that the School (through the Head, as the person responsible) may, in accordance with the provisions of the **Data Protection Act 1998** obtain, process and hold personal information about our child, including sensitive information such as medical details, and I/we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. We also understand that the school may contact us from time to time for the purpose of providing information about the school and its activities.

First Signature: _____	Second _____
Name in full: _____	Name in full: _____
Relationship to the Child: _____	Relationship to the Child: _____
Date: _____	Date: _____

**Cognita Schools Limited (trading as Downsend School): a Company Limited by Shares Registered in England No: 2313425 Registered Office: Seebeck House, One Seebeck Place, Knowlhill, Milton Keynes, Buckinghamshire MK5 8FR**



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1 Leatherhead Road, Leatherhead, Surrey KT22 8TJ

## Confidential Information Form

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

Child's Name: (Including middle names)	
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.

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