

1. CHILD DETAIL	LS				
Child's Surname:		First Name(s):			
Preferred First Name:		Initials :			
Gender:	☐ Male ☐ Female	Date of Birth (dd / mm / yyyy):			
Sibling(s) currently at I	Foremarke Hall:				
Child of Old Foremark	kian:	☐ Yes ☐ No			
2. ENTRY DETAI	LS				
Proposed Term and Year of Entry:					
Type of place required	: (please tick): Day Pupil Full	Boarder			
3. DETAILS OF PARENT(S) OR LEGAL GUARDIAN(S)					
•	ıld be sent to: (please delete as appropriate				
Please mention here the connection with the so		nily attending the school or registered for entry; or any other			
	FATHER	MOTHER			
Title					
Surname:					
First Name(s):					
Nationality:					
Relationship to child:					
	HOME	If Different			
House/Street:	TIONIE	II Different			
Street/Village:					
Town/City:					
County:					
Postcode:					
Country:					
Home Tel:					
Mobile:					
E-mail:					
	WORK				
	WORK				
Occupation:	Work Tel:	Work Tel:			
Work e-mail:					
With whom does the		☐ Father ☐ Mother			
To which address shou	uld information be sent?	☐ Father ☐ Mother			
Is there any family con	nection to Foremarke Hall?	☐ Yes ☐ No			
(If yes, how?)					
Are any family membe	rs currently at, or registered for Foremark	e Hall?			
(If yes, how?)					

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School Name:	Туре				
Address:					
Postcode:	Country:				
Head's Name:	School Tel:		· · · · · · · · · · · · · · · · · · ·		
Are you registering your child at any other school(s)?	☐ Yes	□ No			
If yes, please tell us which school(s):					
Is Foremarke Hall your first choice?	☐ Yes	□ No			
5. FURTHER INFORMATION					
Please say how you first heard about Foremarke Hall:					
Please outline any of your child's artistic, dramatic, musical o					
Please give an outline of your child's other hobbies or intere	sts: (if applicable):				
If your child has been studying French or Latin, please would you let us know the details:					
LEARNING ENHANCEMENT We may need to ask for furt	her details if you a	nswer YES to any of th	ese question:	s:	
Does your child have any learning difficulties? (If yes, please places and places are places).	provide brief details	:)	•		
Parents are required to make the School aware of any specif	G c aducational ar s	cadomic poods before			
registering their child. Please send copies of any assessments			•	chool and/or	
registering their child. Please send copies of any assessments Does your child have any disabilities requiring reasonable ad	regarding the diffi		•	chool and/or	
Does your child have any disabilities requiring reasonable ad	regarding the diffi		isit.		
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Does your child have any disabilities requiring reasonable ad	regarding the diffi justments?	culty in advance of a v	isit. □ Yes		
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If you have ticked 'Other non-European not requiring sponsorship' and you are not seeking the School to sponsor the applicant pupil under Tier 4, please note that completion of this form represents your confi rmation and representation that the applicant pupil has the unconditional right to enter, live and study in the UK for the duration of the education offered by the School. Failure to give correct information will constitute a material breach of any agreement(s) entered into between the School and you in relation to the education of the applicant pupil entitling the School to terminate all and any such agreement(s) without any obligation to return any deposit or fees paid.

DECLARATION

I/We request that the above-named child be registered as a prospective pupil.

I/We confirm that we have provided all of the information requested to the best of my/our ability.

I/We understand this registration form does not give rise to a commitment by the School or the parent(s) and that the offer of a place is subject to availability and the entry requirements of the School at the time of offer.

I/We understand that in the event that our child is offered a place at the School such an offer will be subject to the School's terms and conditions for the provision of educational services as set out in the Terms and Conditions which will bind me/us in the event that we accept the place.

I/We understand that these terms and conditions may undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

I/We understand also that the School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and 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.

☐ I/We have paid £80, which is a non-refundable fee by bank transfer. Please give your child's name as reference.			
BANK DETAILS			
Bank Address:	National Westminster, Crompton House, Derwent Street, Derby DEI 2ED		

Account Name: Repton Preparatory School Account

Account No: 05858275 Sort Code: 60 12 01

REGISTRATION FEE PAYMENT

IBAN No: GB 07 NWBK 60120105858275

IBAN BIC No: NW BK GB 2L

Two signatures are required on the registration form unless impracticable.				
First Signature:	Name in Full:			
Relationship to the Child:	Date:			
Second Signature:	Name in Full:			
Relationship to the Child:	Date:			
For office use only: Registration fee received:	£ Date:			