

# REGISTRATION FORM

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Pupil's Surname .....	Nationality .....
First name(s) .....	First language .....
Address .....	Other languages spoken .....
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.....	Gender (please tick) <input type="radio"/> Male <input type="radio"/> Female
.....	Type of place (please tick) <input type="radio"/> Boarding <input type="radio"/> Day pupil
Postcode .....	Proposed year of entry .....
Date of birth .....	Year group .....

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Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)

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Present school/nursery .....

Principal's name .....

Telephone .....

Email address .....

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Parent 1 title .....	Parent 2 title .....
Full name .....	Full name .....
Address (if different from above) .....	Address (if different from above) .....
.....	.....
.....	.....
.....	.....

Occupation .....	Occupation .....
Daytime telephone .....	Daytime telephone .....
Evening telephone .....	Evening telephone .....
Mobile telephone .....	Mobile telephone .....
Email address .....	Email address .....

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Please mention here the names of any other members of the family who attend the School, or are registered for entry, or have any other connection with the School

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Has your child ever been identified as talented and gifted?  Yes  No

Details .....

Does your child receive any learning support in or out of the classroom?  Yes  No

Details .....

Does your child currently have, or has your child had in the past, any difficulties, special needs or disabilities in any of the following areas? (Please circle)

visual / physical / aural / speech / social or emotional development / health problems

Is there an available Educational Psychologist or Specialist Teacher report that outlines the nature of the difference or disability?  Yes  No

Date of report .....

Details .....

Does your child have a medical condition. e.g. asthma, eczema, epilepsy, diabetes, cancer?  Yes  No

If 'yes' to either of the above questions please attach any medical/professional reports and give further details below.

Details .....

Have you registered your child's name at any other school(s) and if so, which?  Yes  No

Details .....

Where did you hear about Queen's College?

**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 standard terms and conditions will be supplied on request.

**Declaration**

We request that the above named child be registered as a prospective pupil. The non-returnable registration fee of £100 has been paid by: **bank transfer** (Sort Code 40-02-06, Account Number 40010146) or, **a cheque is enclosed** (made payable to Queen's College) (delete as applicable). We understand that the standard 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. We understand that the School (through the Head, 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 promote and safeguard the welfare of the child.

First signature .....

Second signature .....

Name in full .....

Name in full .....

Relationship to child .....

Relationship to child .....

Date .....

Date .....



Post your completed registration form to: Junior Admissions, Queen's College, Trull Road, Taunton, Somerset TA1 4QS

Email: junioradmissions@queenscollege.org.uk

Registered Charity No: 310208