



Registration Form

Child's Details			
Surname		First Names	
Preferred Name		Date of Birth	
Gender		Nationality	
First Language		Religion	
Other languages spoken			
Home Address			
Postcode			

Place Requested					
Type of Place	Day		Boarding		
Year Group of Entry					
Year of Entry					
Term of Entry	Autumn		Spring		Summer
Have you registered your interest with any other school(s), if so which?					

Parental Details		
	Parent One (or Legal Guardian one)	Parent Two (or Legal Guardian two)
Title		
First Name		
Surname		
Address		
Daytime Telephone Number		
Mobile Telephone Number		
Evening Telephone		
Email Address		
Occupation		

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Current School Information			
Current School		Principal or Head's name	
Email Address		Telephone Number	
School Address		Postcode	

Additional Information				
If applicable, please give details of any foreign languages studied and for how many years				
If applicable, please give details of your child's artistic, dramatic, musical or sporting abilities/experience				
Does your child have a medical need that impacts their learning and/or access to the curriculum?*	Yes		No	
Does your child receive (or received in the past) any learning support in or out of the classroom including Cognition and Learning, Communication and Interaction, Social, Emotional and Mental Health difficulties or Sensory (VI or HI) and/or physical needs?*	Yes		No	

****If you answered yes to the marked question you must complete [the Learning and Wellbeing Support Form](#) on our website and return it with this form.***

Please Note
<p>Further details and electronic versions of these documents at: www.queenscollege.org.uk/admissions/registration-form/.</p> <p>In accordance with our Terms and Conditions, a failure to disclose relevant information may result in a withdrawal of offer or place. 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.</p> <p>For further information about how the School processes personal information, please see our privacy notice document which is published on our website.</p>

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Declaration

In signing this document, I / we:

- make a request that our child named above is registered as a prospective pupil;
- understand that the School may obtain, process and hold personal information which may include financial information provided or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings;
- understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and 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;
- consent to the School contacting us by email, telephone or post;
- enclose a copy of our child's birth certificate or passport with this completed Registration Form; and
- enclose the non-refundable Registration Fee together with this completed and signed Registration Form.

Signatories

	Parent One (or Legal Guardian one)	Parent Two (or Legal Guardian two)
Printed name		
Signature		
Date of birth		
Relationship to child		
Date		

Please email this registration form to:

- prepadmissions@queenscollege.org.uk for children in Year 6 and below
- admissions@queenscollege.org.uk for children in Year 7 and above

Alternatively post to:

Queen's College
Admissions Department
Trull Road
Taunton
TA1 4QS

To make registration fee payment via bank transfer, please make the payment to:

Bank: HSBC, The Peak, 333 Vauxhall Bridge Road, Victoria, London, SW1V 1EJ
Account Number: 40010146
Sort Code: 400206
IBAN: GB43HBUK40020640010146
BIC: HBUKGB4B