



Crowstone Preparatory School

Registration for Admission

The Child:

Full Name:	Forename	Middle Name(s)	Surname
Preferred Name:	Preferred Name		D.o.B.: dd / mm / yyyy
Gender:	M/F	Religion:	Religion
Nationality:	Nationality	Ethnic Origin:	Ethnic Origin
First Language:	First Language	Second Language:	Second Language
Reservation:	<input checked="" type="checkbox"/> AUTUMN	<input checked="" type="checkbox"/> SPRING	<input checked="" type="checkbox"/> SUMMER
Year:	yyyy		
Current School:	Current School	From:	mm / yyyy To: mm / yyyy

Medical Information:

Please complete this section in full, indicating Yes or No where required—do not leave any section blank. Please note, the School is a "Nut Free Zone."

Is your child allergic to:	<input type="checkbox"/> Y / <input type="checkbox"/> N Antiseptic Ointments?	<input type="checkbox"/> Y / <input type="checkbox"/> N Plasters?	<input type="checkbox"/> Y / <input type="checkbox"/> N Nuts?
	<input type="checkbox"/> Y / <input type="checkbox"/> N Calpol?	<input type="checkbox"/> Y / <input type="checkbox"/> N Insect Bites/Stings?	Please specify here Other?
Does your child require regular long term medication for an on-going condition:	<input type="checkbox"/> Y / <input type="checkbox"/> N		
Please provide brief details of the condition:	Condition requiring medication		
Will you require the School to administer medicine(s) for this condition:	<input type="checkbox"/> Y / <input type="checkbox"/> N		
In the event of headache, earache or toothache would it be in order for the School to administer Junior Disprol (or similar) to your child?:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Is your child asthmatic?:	<input type="checkbox"/> Y / <input type="checkbox"/> N
Does your child have any Special Educational Needs:	Special Educational Needs		
Family Doctor's Name:	Family Doctor's Name	Contact Number:	Family Doctor's Number

Please detail below any other medical conditions you would wish the School to know about:

Additional Medical/Other Information

Emergency Contact Details:

Please list below any alternative contacts we should attempt in the event of being unable to contact either parent/guardian/carer in the first instance:

Name	Number	Relationship to child

Parent/Guardian/Carer 1**Parent/Guardian/Carer 2**

Full Name:

Forename
Surname

Forename
Surname

For Office Use:

Reg. Form Received:

/ /

Initial

Reg. Fee Paid:

/ /

Taster Day:

/ /

Place Offered:

/ /

Signed Acceptance:

/ /

Signed H-SA:

/ /

Signed AGP:

/ /

Account Number:

W /

Admission Number:

Start Date:

/ /

Comments:

Home Contact Details:

Address:

Home Address
Home Address

Home Address
Home Address

Town/City:

Town/City

Town/City

County:

County

County

Postcode:

Postcode

Postcode

Email:

Email

Email

Landline:

Landline Phone Number

Landline Phone Number

Mobile:

Mobile Phone Number

Mobile Phone Number

Work Contact Details:

Company:

Company Name

Company Name

Job Title:

Job Title

Job Title

Email:

Email

Email

Landline:

Landline Phone Number

Landline Phone Number

Mobile:

Mobile Phone Number

Mobile Phone Number

Teachers2Parents:

Teachers2Parents is the Schools free text messaging information service. Please select one parent to be the contact:

 Parent/Guardian/Carer 1 Parent/Guardian/Carer 2

Admissions Policy: Crowstone Preparatory School is a non-selective Independent Day School for boys and girls from the ages of 2½ to 11. Places are therefore offered on a first come, first served basis as and when spaces are available. However, preference is given to children of staff, siblings of current children and to children of ex-pupils. Where places are not immediately available the application will join a waiting list in the order it is received.

Admissions Procedure: 1) Contact the School Office on 01702 346758 or info@crowstoneprepschool.com to arrange an appointment to view the School and meet the Headmaster. You will be shown around the School and have the opportunity to meet the children and staff who will be happy to answer any questions. 2) Complete and return this registration form (one for each child to be registered) together with a cheque/cash payment for a **non-refundable Registration Fee of £50.00 per child** (please make cheques payable to Crowstone Preparatory School). 3) Upon completion of the registration process your child will be invited to a "Taster Day" where they will spend sometime in their class with their peers and meet their teacher. The cost of the Taster Day is covered by your Registration Fee. 4) Subject to a successful visit and where places are available the Headmaster will offer a place to your child and make the final arrangements for admission.

Withdrawal: One full term's notice of withdrawal of a pupil MUST be given in writing on or before the start of the first day of term. Failure to provide such notice will result in one full term's fees paid in lieu.

Charges: The School reserves the right to amend charges and allowances as it deems necessary and without notice.

Invoicing: Invoices are issued three times a year, normally the half term prior to the invoiced term. All invoices outstanding one week after the start of the first day of term, without prior arrangement, will be deemed late and will incur a 10% late charge.

Parent/Guardian/Carer 1**Parent/Guardian/Carer 2**

Signed:

Signature

Signature

Print Name:

Print Name

Print Name

Date:

dd / mm / yyyy

dd / mm / yyyy
