

# St. Joseph's Convent School



## Registration Form

**We are a Mercy School  
We will live and work  
together  
as Jesus taught us,  
spreading his loving  
friendship  
to everyone we meet**

1. Surname of your child: \_\_\_\_\_  
First name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
Place of Baptism: \_\_\_\_\_ Present Parish: \_\_\_\_\_

The original or a certified copy of your daughter's birth certificate is to be provided as proof of age and baptism certificate (if applicable)

Proposed Term and Year of Entry: \_\_\_\_\_  3+  4+  7+  other please specify \_\_\_\_\_

Have you registered your child's name at any other school/s and if so, which one(s)?

Yes  No \_\_\_\_\_

2. Parent/ Legal Guardian 1 Title, Full names, Address (including postcode) and Occupation:

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

3. Parent/ Legal Guardian 2 Title, Full names, Address (if different from the above) and Occupation:

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

4. Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

\_\_\_\_\_

5. Please say how you first heard of the School. Was it from:

Local Knowledge  Present School  ISI  Recommendation

Advertisement  Internet  ISC  School Website

Other (Please give details)

\_\_\_\_\_

6. Please state the name and address of present school or setting, with dates attended ( if applicable):

\_\_\_\_\_

Name of Head: \_\_\_\_\_

7. For pupils applying to join in Prep 1 (Year 3) and above please note any of your daughter's hobbies or interests ( if applicable):

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8. Please provide us with any details of any medical condition (including allergies), disabilities or learning difficulty of your daughter (if applicable) using the Confidential Information Form overleaf.

**Notes**

Early registration is recommended particularly for Nursery and Infants 1 (Reception). Registrations will be considered in the order they are received. Offers of a place are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current terms and conditions is available on the School website, [www.stjosephsconventschoo.co.uk](http://www.stjosephsconventschoo.co.uk) and can be supplied on request.

**Declaration**

We request that the name of our above named daughter be registered as a prospective pupil. A payment for the non-returnable registration fee of £40 will be paid to:  
Lloyd's Bank plc, Sort Code: 30-65-22, Account No: 80459568 putting our daughter's name as a reference.

We have read the Terms & Conditions and sign to confirm that we understand that the Terms & Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply to our dealings with the School.

We also understand that the School (through the Head Teacher 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.

First Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Date: \_\_\_\_\_

Second Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Date: \_\_\_\_\_

The completed form should be sent to the Admissions Secretary at St. Joseph's Convent School.

For School Use only
Date Form received: _____
Date Registration Fee received: _____
Date of Birth verified: _____
Signed: _____

# St. Joseph's Convent School

## Confidential Information Form

We are required to provide parents with the opportunity to disclose any medical conditions (including allergies), learning difficulty or disability of their daughter. This will help the School to consider any adjustments it might need to make to assist the child to partake in the School's admissions procedure or when the child enters the School.

Please provide us with as much detail as possible and enclose any relevant documentation such as medical reports, assessments etc.

All information will be treated in confidence.

Daughter's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# St. Joseph's Convent School

## Ethnicity Form

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration Form attached to this Form. Any information you wish to provide in this instance is done so on a voluntary basis.

Daughter's Name: \_\_\_\_\_

<b>White:</b>	<b>Black or Black British:</b>	<b>Chinese or Other:</b>
British, English, Scottish, Welsh <input type="checkbox"/>	Caribbean African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Any other black background <input type="checkbox"/>	Any other ethnic group (please give details) <input type="checkbox"/>
Any other white background <input type="checkbox"/>		
<b>Mixed Race:</b>	<b>Asian or Asian British:</b>	
White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	
White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
Any other mixed background <input type="checkbox"/>	Any other Asian Background <input type="checkbox"/>	