



St Christopher's Prep

A Brighton College School

REGISTRATION FORM

CHILD'S DETAILS:

Child's surname _____

Child's first names _____ Name generally used _____

Date of birth _____ Gender Boy/Girl Current Year Group _____

Family Nationality _____

When would you like you like your child/children to join St Christopher's _____

Have you registered your child's name at any other school(s) Y/N

If so, which? _____

PARENTS' DETAILS:

Parent/Guardian 1

Parent/Guardian 2

Title Mr/Mrs/Dr etc _____

Name _____

Address _____

Postcode _____

Occupation _____

Telephone no _____

Mobile no _____

Email address _____

Do both parents have parental responsibility?

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:

Registered office: 33, New Church Road, Hove, BN3 4AD

Tel: 01273 735404 office@stchristophershove.org.uk www.stchristophershove.org.uk @stchrishove

Registered Charity No 307061 Co Registered No 4501448

CURRENT SCHOOL

Name of current school/nursery _____

Address of current school/nursery _____

Name of Head Teacher _____

OTHER IMPORTANT INFORMATION

My child has additional educational needs

My child has additional medical needs

My child has special dietary requirements

Please provide additional information if you ticked any of the three boxes above:

DECLARATION

We request that the above-named child be registered as a prospective pupil and we agree to pay the non-refundable **Registration Fee of £100**. Payments to be made to *St Christopher’s School* by direct transfer to our bank account. Details are as follows:-

Account Name: St Christopher’s School, Hove, Account No. 60530545, Sort Code: 53-61-02

We understand that:

- i) Registering our child does not guarantee a place at St Christopher’s.
- ii) If our child is offered a place at the School, such an offer will be subject to the School’s Terms & Conditions for the provision of educational services, which will bind us in the event that we accept the place. On confirmation of the place the **School’s Terms & Conditions must be signed by both parents and returned with a final deposit of £500**. This will be returned when your child leaves the school.

Parent/Guardian 1 signature

Parent/Guardian 2 signature

Name (printed)

Name (printed)

Date _____

Date _____

The information that you give us in this form is used by St Christopher’s to register your child and to keep you informed about events and information on the school and its activities. Personal data in this form is stored securely by St Christopher’s. We ensure that appropriate technical and organisational measures are in place to ensure its security. If your child is not offered a place or you do not accept the offer of a place, we will only retain information for as long as we need to, for one month other than in exceptional circumstances. For more information about how St Christopher’s uses your information and your child’s information, please view our Privacy Notices on the school website www.stchristophershove.org.uk together with our Data Protection Policy