

Registration

Form

1. PUPIL DETAILS:

All schools are required by law to record details of children admitted. Please complete this form in BLOCK CAPITALS A copy of your child's birth certificate or passport should be enclosed with this form.				
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Surname of child	First names			

Surname of child			First names
Middle name(s)			Preferred name
Male / Female (pleas	se circle)		Date of birth /
Nationality:			
Proposed entry date	: September 20		Age on Entry: years months
□ Boarder □	3-night flexi boarder	☐ 5-night flexi b	oarder 🗆 Day Pupil
2. PARENT DETAILS	i:		
people beyond the	child's natural parents. Ma	rried parents have	Parental responsibility may be shared between a number of equal parental responsibility; on separation or divorce bothe school will forward copies of school reports etc to the
Parent 1 details	(Mr/Mrs/other)	Full name	
Relationship to child			
Address			
Postcode			Country
Occupation			
Daytime Tel			Mobile no
Evening Tel			E-mail
Parent 2 details	(Mr/Mrs/other)	Full name	
Relationship to child			
Address			
Postcode			Country
Occupation			
Daytime Tel			Mobile no
Evoning Tol			E-mail

The name of any other person with parental responsibility (Mr/Mrs/other) Full name Address Postcode Country Relationship to child Occupation Daytime Tel Mobile no **Evening Tel** 3. ARE PARENTS DIVORCED / SEPARATED? Yes / No (please circle) If yes, with whom does the child reside? Person to whom accounts should be sent? Name & Address (if different from either above) Email Postcode If there is, or has been, a court order in place with regard to this applicant, please enclose a copy of the order. 4. UK GUARDIAN (For children living outside the EU) (Mr/Mrs/other) Full name Address Postcode Country Occupation Daytime Tel Mobile no Evening Tel E-mail..... 5. NAMES OF BROTHERS / SISTERS OF APPLICANT Dates of birth Any connection with the school /...... /....../....../...... 6. CANDIDATE'S CURRENT SCHOOL: From: /...... To: /...... Address of School Name of Head Teacher Tel Email

7. SCHOLARSHIPS AND BURSARIES

Do you intend to enter the candidate for a scholarship?

Yes/No (please circle)

Is there a requirement for means-tested bursarial assistance?

Yes/No (please circle)

(Please note that normally applications can only be made in respect of candidates who are awarded a scholarship)

. PLEASE GIVE AN OUTLINE OF YO	UR CHILD'S OTHER HOBBIES OR INTE	RESTS
If applicable)		
O. PLEASE GIVE DETAILS OF ANY S	PECIFIC LEARNING DIFFICULTIES YO	UR CHILD MAY HAVE
1. PLEASE TELL US ANYTHING ELSE INCLUDING ANY IMPORTANT HEA	YOU WOULD LIKE US TO KNOW ABO ALTH/FOOD ALLERGY DETAILS	OUT THE STUDENT,
2. HAVE ANY OTHER SERVICES BEE	EN INVOLVED WITH YOUR CHILD	Yes/No (please circle)
Eg Speech Therapist, Education Psyc	chologist, Social Services, Child and Add	plescent Mental Health Service).
f yes, please give brief details. If the c	andidate has a current Educational Psy	chologist report, please enclose a copy
3 FOR SIXTH FORM ENTRY ONLY	To be completed if the applicant is tak	ing GCSE / IGCSE exams)
Subjects	Date	Predicted grade
		Fredicted grade

NOTES

Early registration is recommended. Registrations will be considered in the order they are received. This registration form does not give rise to a commitment by the school or the parents. The offer of a place is subject to availability and the entry requirements of the School at the time of the offer.

Two signatures to the registration are required unless impractical. Please return this form with your cheque for the appropriate non-refundable registration fee, payable to "Giggleswick School", or arrange for the amount to be transferred to the School bank account:

Registration Fee

Admission into Junior School £50
Admission into Senior School £150

Bank Account details

Bank address: Barclays Bank, Settle Branch, PO Box 1, 49 High Street, Skipton, BD23 1DH

Sort code: 20 78 91

Account name: Giggleswick School

Account number: 30890340

IBAN number: GB93 BARC 2078 9130 8903 40

Swift code: BARCGB22

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We request that the name of our above-named child be register	ed as a prospective pupil.		
A cheque for £150/£50 (please circle) is enclosed			
£150/£50 (please circle) has been transferred to the school account			
First signature	Second signature		
Name in Full	Name in Full		
Relationship to Child	Relationship to Child		
Date /	Date /		

PRIVACY

Giggleswick takes your privacy very seriously. For more details, please read our Privacy Statement on our website: www. giggleswick.org.uk. Our current processes comply with the Data Protection Act 1998. New General Data Protection regulations will be introduced on 25 May 2018, when this document will be reused.

This form and any enclosures should be returned to:

Senior School: Admissions Office, Giggleswick School, Settle, North Yorkshire, BD24 ODE

T: +44 (0)1729 893000 E: enquiries@giggleswick.org.uk

Junior School: Admissions Office, Giggleswick Junior School, Mill Hill Lane, Giggleswick, Settle, North Yorkshire BD24 0DG

T: +44 (0) 1729 893100 E: juniorschool@giggleswick.org.uk