

Aldenham Village,
Watford,
Hertfordshire
WD25 8NL
Telephone 01923 855724
admissions@edgegrove.com



REGISTRATION FORM

(Please use block capitals)

Please provide a photo of
your child here

Child's Details

Surname _____

Boy Girl

Forenames _____

Nationality _____

Date of Birth _____

Religion (optional) _____

Intended Entry Date _____

Parents' Details (please supply details for BOTH parents with parental responsibility)

PARENT 1

Title _____

Full Name _____

Profession _____

Home Address _____

Postcode _____

Mobile No: _____

Home Tel: _____

Work Tel: _____

Email _____

PARENT 2

Title _____

Full Name _____

Profession _____

Home Address _____

Postcode _____

Mobile No: _____

Home Tel: _____

Work Tel: _____

Email _____

Please state the names of any other members of your family who attend or attended Edge Grove or are registered for entry, or any other connection with the School:

Please state name and address of your child's current school (with date of entry):

If attended for less than 12 months, please state name and address of previous school (with dates of attendance):

Does your child require a visa to study in the UK?

Yes No

Overleaf, please provide us with details relating to your child's health, including allergies, blood disorders, bone or joint problems, breathing problems, diabetes, ear, nose and throat conditions, Epilepsy / fitting, gastro-intestinal problems, heart condition, kidney/urinary problems, mental health, skin conditions or other.

In order for us to fully support your child should an offer of a place later be made, it is important to tell us if your child has previously or is still receiving support from any of the following services:

Speech & Language Therapy Occupational Therapy Physiotherapy Educational Psychologist/Psychiatrist

Please advise on whether your child is receiving any support from any of the following services

School SENCo EHCP Individual Education Plan / Pupil Passport / Individualised Learning Plan

We require this medical and SEN information so that we can consider what reasonable adjustments and additional provision would be required in order for us to fully support and accommodate your child. Please give as much information as possible to help us to do this. The School Nurse / Head of Learning Support may be in contact for further information if necessary.

Can your child speak any other languages? Yes No Only hears it but doesn't speak it

If yes, please state the languages spoken/heard at home: _____

Please tell us how you heard about Edge Grove School:

Personal Recommendation Local Knowledge Online Search Social Media

Good Schools Guide Muddy Stilettos Advertisement Former Pupil

Educational Consultant Local Knowledge Directory Listing Other

Declaration: We request that the name of the above-named child be registered as a prospective pupil AND we confirm payment of £120 for the **non-refundable** Registration Fee. Payment of Registration Fee to be made only by bank transfer to the School's account using child's name as a reference.

We understand that:

1. Registration of our child as a prospective pupil does not constitute an offer of a place at the School for our child but does ensure that our child will be considered for selection as a pupil at the School;
2. The School may process personal data about us and our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our and of all our child's personal data for these purposes;
3. Provision of false and/or misleading information will constitute a material breach of any agreement(s) entered into between the School and us/me and will entitle the School to terminate any such agreement(s) without any obligation to return any deposit or fees paid;
4. We must immediately inform the School if any of the details provided in this Registration Form change;
5. In the event that our child is offered a place at Edge Grove, such an offer will be subject to Edge Grove Terms and Conditions for the provision of educational services, which will bind us in the event that we accept the place.

First Signature _____

Second Signature _____

Name in full _____

Name in full _____

Relationship to Child _____

Relationship to Child _____

Date _____

Date _____

This form should normally be signed by all those with parental responsibility for the child. A copy of our latest Terms and Conditions is available on request and is downloadable from our website at <https://www.edgegrove.com/terms-and-conditions>.

**Please make payment to: EDGE GROVE SCHOOL TRUST LTD
Barclays Bank Plc: Sort Code: 20-05-03; Account: 00355097; IBAN: GB32 BARC 2005 0300
3550 97; SWIFTBIC: BARCGB22**