

## REGISTRATION FORM

Please complete this form and return it to the Registrar with a registration fee of £120 (inclusive of VAT) per child.

Please return to form to Registrar, Coworth Flexlands, Chertsey Road, Valley End Road, Chobham, GU24 8TE or email at [registrar@coworthflexlands.co.uk](mailto:registrar@coworthflexlands.co.uk).

Cheques should be made payable to "United Church Schools Trust". Bank transfers to Barclay's Bank, Sort Code: 20-46-50, Account No: 50853747

Early registration is recommended. Registrations will be considered in the order in which they are received. Offers of places are subject to availability and the admission requirements of the School at the time they are made. Please refer to the School's Admissions Policy for further information (available from the Registrar or online at [www.coworthflexlands.co.uk](http://www.coworthflexlands.co.uk).) The School operates an equal opportunities policy.

<b>1. PUPIL DETAILS:</b>			
TITLE:		GENDER:	MALE / FEMALE
FIRST NAME:		DATE OF BIRTH:	
MIDDLE NAME:			
SURNAME:			
PREFERRED NAME (IF DIFFERENT):			
HOME ADDRESS			
<b>2. ENTRY DETAILS:</b>			
PROPOSED ENTRY TERM	AUTUMN/SPRING/SUMMER		
ACADEMIC YEAR OF ENTRY			
YEAR GROUP ON ENTRY:			
IF YOU ARE REGISTERING FOR NURSERY PLEASE INDICATE WHAT SESSIONS YOU ARE INTERESTED IN.			
<b>3. PARENT/GUARDIAN 1:</b>			
FULL TITLE/NAME:		DAYTIME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
EMAIL:			
HOME ADDRESS (IF DIFFERENT FROM ABOVE):			
<b>4. PARENT/GUARDIAN 2:</b>			
FULL TITLE/NAME:		DAYTIME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
EMAIL:			
HOME ADDRESS			

(IF DIFFERENT FROM ABOVE):			
<b>5. DETAILS OF PRESENT SCHOOL/NURSERY</b>			
NAME		HEAD	
ADDRESS		DATES ATTENDED	
<b>6. MARKETING</b>			
HOW DID YOU HEAR ABOUT THE SCHOOL?:			
<b>7. ABOUT YOUR CHILD</b>			
PLEASE PROVIDE DETAILS OF ANY MEDICAL CONDITIONS OR ALLERGIES THAT WE NEED TO BE AWARE OF:			
PLEASE PROVIDE DETAILS OF YOUR CHILD'S LEARNING DIFFICULTIES, BEHAVIOURAL ISSUES OR SPECIAL EDUCATION NEEDS			
<b>8. DECLARATION</b>			
<p>We request that the above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £120 made payable to United Church Schools Trust is enclosed or please make payment by BACs to Barclays Bank plc, account number: 50853747, sort code: 20 – 46 - 50, bank account name: United Church Schools Trust Coworth Flexlands. We understand that the Admissions Policy will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.</p> <p>We understand also that the School (through the Head 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.</p>			
FIRST SIGNATURE		SECOND SIGNATURE	
NAME IN FULL		NAME IN FULL	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
DATE		DATE	