

Senior School Headmistress
Mrs Anna King MEd MA (Cantab), PGCE

Prep School Headmistress
Mrs Amélie Morgan MA BA (Hons) PGCE

NOTRE
DAME
SCHOOL



REGISTRATION FORM

RECEPTION, YEAR 3 (7+), YEAR 9 (13+) AND SIXTH FORM

Now enrolling for September 2019

YEAR 7 (11+) ADMISSIONS 2020

Closing date for Year 7 Entrance Exam registrations: Monday 11th November 2019

ENTRY TO THE PREP AND SENIOR SCHOOLS IS SUBJECT TO AN ASSESSMENT

(INTERNAL CANDIDATES: ENTRY TO THE SENIOR SCHOOL IS SUBJECT TO ASSESSMENT OF PROGRESS OVER YEARS 4 AND 5)

PUPIL'S DETAILS:

Forename:	Middle Name:	Legal Surname:
Preferred Forename: (known as)	Preferred Surname:	Date of Birth:
Home Address:	Tel No. - Home:	Main email contact:
Postcode:	Tel No. - Mobile:	
Religion:	Nationality:	Passport Issuing Authority (if non-EU):
First Language: (if not English)	Additional Languages: (spoken at home)	

ADMISSION DETAILS:

Expected Date of Admission:	Expected year group on entry:	Age at expected entry date:
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PRESENT SCHOOL:

School Name:	Address	Headteacher's Name:
	Postcode:	

PARENT DETAILS: MOTHER

Forename:	Title and Legal Surname:	Email Address:
Tel No. Home:	Tel No. Mobile:	Occupation:
Home Address (if different from child):		
Postcode:		

PARENT DETAILS: FATHER

Forename:	Title and Legal Surname:	Email Address:
Tel No. Home:	Tel No. Mobile:	Occupation:
Home Address: (if different from child/mother)		
Postcode:		

Please continue overleaf

LEARNING OR MEDICAL DIFFICULTY OR DISABILITY:

If your son or daughter has a Learning Difficulty or Disability or a Medical Difficulty, it is **essential** that you provide details please.

Does your son or daughter currently receive Learning Support at school or outside school: ☐ yes ☐ no
 Do you have documentation relating to your son or daughter's education, such as an Educational Psychologist assessment report, auditory or visual report, ECHP, or other educational, behavioural or relevant medical report? ☐ yes ☐ no
If yes to either of the above, or if there are other circumstances of which we should be aware, please give details and enclose supporting documentation.

Please use a continuation page if necessary.

CURRENT OR PRIOR CONNECTIONS WITH NOTRE DAME SCHOOL (EG. FAMILY, SIBLINGS, PAST PUPILS ETC.):

Please give details:

DID YOU ATTEND ONE OF OUR OPEN DAYS?

Please circle: **Yes** **No** If Yes, date attended:

HOW DID YOU FIRST HEAR ABOUT OUR SCHOOL? – PLEASE TICK

<input type="checkbox"/>	From existing pupil/parent	<input type="checkbox"/>	Advertisement – please specify:
<input type="checkbox"/>	I/we already have a pupil at the school	<input type="checkbox"/>	
<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Other – please specify:
<input type="checkbox"/>	Signage at entrance to school	<input type="checkbox"/>	

ANY OTHER INFORMATION:

If there is any other information you would like to include, please enter below and use a continuation page if necessary:

WE WOULD LIKE TO CONTACT YOU FROM TIME TO TIME TO INFORM YOU OF SCHOOL NEWS AND UPCOMING EVENTS

I/we would like to be contacted with school news and notification of school events: ☐ yes ☐ no

I/we are happy to be contacted by: ☐ email ☐ post ☐ telephone (please tick any or all as preferred)

If subsequently you would like to opt out of these communications, please email 'Stop' to admissions@notredame.co.uk

PLEASE REFER TO OUR DATA PROTECTION POLICY ON OUR WEBSITE TO UNDERSTAND HOW WE COLLECT, USE AND PROTECT PERSONAL DATA.

PARENTS' SIGNATURES:

Name:	Signed:	Date:
Name:	Signed:	Date:

A NON-REFUNDABLE FEE OF £50 (NURSERY TO PREP Yr 6) OR £100 (Yrs 7 to 13) IS PAYABLE ON SUBMISSION OF THIS FORM. THANK YOU.

NOTRE DAME SCHOOL, SORT CODE 20 92 96, A/C No. 03566692 - PLEASE MAKE CHEQUES PAYABLE TO 'NOTRE DAME SCHOOL'

ENCLOSED (PLEASE TICK AS APPLICABLE):

EQUAL OPPORTUNITIES FORM ☐

LEARNING OR MEDICAL DIFFICULTY OR DISABILITY DOCUMENTATION ☐

REGISTRATION FEE ENCLOSED ☐ FEE PAID DIRECTLY ☐

CONTINUATION PAGE ☐

Please return to: Mrs Beccy Johnson, Admissions Office, Notre Dame School, Burwood House, Cobham, KT11 1HA



EQUAL OPPORTUNITIES FORM

PUPIL NAME:

Please tick the appropriate description below to indicate your ethnic group.

This information is requested to monitor compliance with the law and our equal opportunity and non-discrimination policy. It is not used during our admissions process.

A WHITE

- ☐ British
- ☐ Irish
- ☐ Any other White background, please write in:

B MIXED RACE

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed Race background, please write in:

C ASIAN OR ASIAN BRITISH

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background, please write in:

D BLACK OR BLACK BRITISH

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background, please write in:

E CHINESE

- ☐ Chinese

F OTHER ETHNIC GROUP

- ☐ Any other background, please write in:

Signed:	Date:
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