## MERCHANT TAYLORS' SCHOOLS

Registration Form



aged 4 to 18 years

With a consistent 100% pass rate at A Level and over two thirds of all grades at A\* to B, our academic reputation is the best in the area

The Merchant Taylors' Schools, Crosby: a company limited by Guarantee.
Registered in England: Company Number 6654276. Registered Office: Liverpool Road, Crosby, Liverpool L23 OQP.
Registered Charity Number: 1125485.

Merchant Taylors' Schools

## **Registration Form**

Are you applying for means tested financial support?

Please return this form fully completed to the Admissions Team.

Parents/Guardians should complete every box in BLOCK CAPITALS and insert **N/A** in any box which is not applicable. Incomplete forms may delay the admissions process.

(Please tick appropriate box)

| CANDIDATE INFORMATION                         |             | PRESENT/LAST SCHOOL/NURSERY INFORMATION              |                                 |
|---|-------------|--|---------------------------------|
| Surname:                                      |             | Present/last school/nursery/childminder:             |                                 |
| First Name[s]:                                |             | Present/last school/nurs                             | sery address:                   |
| Preferred First Name:                         |             |  |                                 |
| Date of Birth:                                |             | Name of Head/Manager of present/last school/nursery: |                                 |
| Gender:                                       | Male Female | How many years at present/last nursery or school:    |                                 |
| Proposed Year Group:                          |             | If Nursery, how many of                              | hours/sessions attend per week: |
| Proposed start date:                          |             |  |                                 |
| PARENT 1 INFORMATION                          |             | PARENT 2 INFORMATION (WHERE APPLICABLE)              |                                 |
| Relationship:                                 |             | Relationship:  |                                 |
| Surname:                                      |             | Surname:   |                                 |
| First Name[s]:                                |             | First Name[s]:                                       |                                 |
| Title [Mr/Mrs/Miss etc]:                      |             | Title [Mr/Mrs/Miss etc]:                             |                                 |
| Full home address:                            |             | Full home address:                                   |                                 |
|   |             | (if different from Parent 1)                         |                                 |
| Postcode:                                     |             | Postcode:  |                                 |
| Does the candidate live at this home address? |             | Does the candidate live at this home address?        |                                 |
|   | Yes No      |  | Yes No                          |
| Telephone Numbers:                            | Home:       | Telephone Numbers:                                   | Home:                           |
|   | Work:       |  | Work:                           |
|   | Mobile:     |  | Mobile:                         |
| Email Address:                                |             | Email Address:                                       |                                 |
| Occupation:                                   |             | Occupation:  |                                 |
| Employer:                                     |             | Employer:  |                                 |

No

| CANDIDATE EXPERIENCES   | Have they ever received or been referred for any Speech and Language Therapy?  |  |
|---|--|--|
| Please outline any artistic, dramatic, musical or sporting skills or experience (if applicable):  | No Yes  If Yes, please give details:   |  |
| Please outline any other hobbies or interests (if applicable):  | Has your child ever experienced any hearing difficulties?  |  |
| LEARNING DIFFICULTIES AND DISABILITIES (LDD)  | No Yes  If Yes, please give details:   |  |
| Does the candidate have any learning or physical disability of which we should be aware?  | What is your child's first language as spoken at home?   |  |
| No Yes If Yes, please specify:  | English Other If Other, please specify:  |  |
|   |  |  |
| FAMILY INFORMATION  |  |  |
| Does the candidate have any relatives currently at Merchant Taylors' Schools?   | Has anyone in your family attended Merchant Taylors' Schools?  |  |
| No Yes If Yes, please specify:  | No Yes  If Yes, please specify:  |  |
|   |  |  |
| MARKET RESEARCH (Please tick all that apply)  | Reputation Recommendation  |  |
| How did you hear about Merchant Taylors' Schools?   | Advertisement Present school/nursery   |  |
| Internet Search Schools' Website  | Other, please specify:   |  |
| FURTHER INFORMATION  As a matter of routine, in each case, the Head will write to the candidate's last school requesting a report on the pupil's work and character; the Head of EYFS will contact pre-school settings, requesting transition documents prior to starting school.   | Please note the completion of a registration form does not guarantee a place, which will always depend upon a candidate satisfying the Schools' admission criteria. You are advised to make a copy of this form before returning it. |  |
| Copies of all policies are available from the schools' website, such as Educational Visits; Anti-bullying; Learning Difficulties & Disabilities; Child Protection & Safeguarding; Admissions. A copy of the current standard terms and conditions will be provided if a place is offered.   |  |  |
| DECLARATION   |  |  |
| I/We request that my/our above-named child be registered as a pand conditions of the Schools will undergo reasonable changes fr my/our dealings with the Schools.  I/We understand also that the Schools (through the Heads) may child, including sensitive information such as medical details, and place is later offered, in order to safeguard and promote the welf | om time to time as circumstances require and apply to all obtain, process and hold personal information about my/our l/we consent to this for the purposes of assessment and if a  |  |
| Both parents (where applicable) or legal guardians, should sign be<br><b>Parent 1 Signature:</b>  | elow: Parent 2 Signature:  |  |
|   |  |  |
| Date:   | Date:  |  |

