



**MERCHANT
TAYLORS'
SCHOOLS**

For Boys and Girls
aged 4 to 18 years

MERCHANT TAYLORS' SCHOOLS

Registration Form

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.

Registration Form

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)

Boys' and Girls' Infants (4-7)

Junior Girls (7-11)

Junior Boys (7-11)

Senior Girls (11-16)

Senior Boys (11-16)

CANDIDATE INFORMATION

Surname:

First Name[s]:

Preferred First Name:

Date of Birth:

Gender: Male Female

Proposed Year Group:

Proposed start date:

PRESENT/LAST SCHOOL/NURSERY INFORMATION

Present/last school/nursery/childminder:
.....

Present/last school/nursery address:
.....

Name of Head/Manager of present/last school/nursery:
.....

How many years at present/last nursery or school:
.....

If Nursery, how many of hours/sessions attend per week:
.....

PARENT 1 INFORMATION

Relationship:

Surname:

First Name[s]:

Title [Mr/Mrs/Miss etc]:

Full home address:

Postcode:

Does the candidate live at this home address?
Yes No

Telephone Numbers: Home:

Work:

Mobile:

Email Address:

Occupation:

Employer:

PARENT 2 INFORMATION (WHERE APPLICABLE)

Relationship:

Surname:

First Name[s]:

Title [Mr/Mrs/Miss etc]:

Full home address:

(if different from Parent 1)

Postcode:

Does the candidate live at this home address?
Yes No

Telephone Numbers: Home:

Work:

Mobile:

Email Address:

Occupation:

Employer:

CANDIDATES APPLYING FOR ASSISTANCE

Are you applying for means tested financial support? Yes No

CANDIDATE EXPERIENCES

Please outline any artistic, dramatic, musical or sporting skills or experience (if applicable):

.....

Please outline any other hobbies or interests (if applicable):

.....

LEARNING DIFFICULTIES AND DISABILITIES (LDD)

Does the candidate have any learning or physical disability of which we should be aware?

No Yes

If Yes, please specify:

.....

Have they ever received or been referred for any Speech and Language Therapy?

No Yes

If Yes, please give details:

.....

Has your child ever experienced any hearing difficulties?

No Yes

If Yes, please give details:

.....

What is your child's first language as spoken at home?

English Other

If Other, please specify:

.....

FAMILY INFORMATION

Does the candidate have any relatives currently at Merchant Taylors' Schools?

No Yes

If Yes, please specify:

.....

Has anyone in your family attended Merchant Taylors' Schools?

No Yes

If Yes, please specify:

.....

MARKET RESEARCH *(Please tick all that apply)*

How did you hear about Merchant Taylors' Schools?

Internet Search Schools' Website

Reputation Recommendation

Advertisement Present school/nursery

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.

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.

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.

DECLARATION

I/We request that my/our above-named child be registered as a prospective pupil. I/We understand that the standard terms and conditions of the Schools will undergo reasonable changes from time to time as circumstances require and apply to all my/our dealings with the Schools.

I/We understand also that the Schools (through the Heads) may obtain, process and hold personal information about my/our child, including sensitive information such as medical details, and I/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 my/our child.

Both parents (where applicable) or legal guardians, should sign below:

Parent 1 Signature:

.....

Parent 2 Signature:

.....

Date:

Date:

