



Registration Form

This form is to be completed by those with parental responsibility for the child.

Please complete where relevant, all sections in this form.

Child's details:

Surname:

Forename(s) (in full):

.....

Known as:

Date of birth:

Gender:

Nationality:

Ethnicity:

Home Address:

.....

.....

Home Postcode:

Home Tel No:

Parent Mobile No:

Please state which year and term you would like your child to start at Atelier 21:

.....

.....

Current School:

Current Year Group:

Name:

Address:

.....

Telephone No:

E-mail contact:

Name of Head Teacher:

Dates Attended:

.....

Is your current school aware you are registering your child with Atelier 21?

Yes

No

Do you have any fees arrears with your current school?

Yes

No

As part of the admissions process, we will contact your child's school for a confidential reference



Registration Form

Personal Information and Individual Needs:

Please outline your child's artistic, dramatic, musical or sporting skills, and their hobbies and interests:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Are there any circumstances relating to your child that we should be aware of?

Yes
No

Does your child have any medical conditions or disabilities?

Yes
No

Does your child have any special needs or learning difficulties?

Yes
No

Does your child have an Educational Psychologist report?

Yes
No

Does your child have any court orders or ongoing safeguarding concerns?

Yes
No

If the answers to any of the above questions is yes, please give details on the blank space at the back of the application form.

Parents Details:

Father*

Title:
Surname:
First Names:
.....
Address:
.....
.....
Postcode:
Occupation:
Nationality:
Home Phone:
Mobile Phone:
Work Phone:
Email:

Mother*

Title:
Surname:
First Names:
.....
Address:
.....
.....
Postcode:
Occupation:
Nationality:
Home Phone:
Mobile Phone:
Work Phone:
Email:

*If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:

.....
.....
.....
.....
.....
.....
.....



Registration Form

Please insert any further information in this space that you feel is relevant/ supports your child's application

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Declaration:

We request that the above named child be registered as a prospective pupil and we have made a payment for the fully refundable registration fee of £500.

Payment to be made by bank transfer to:

Account Name: Little Barn Owls Limited
Account Number: 10826942
Sort Code: 09-02-22

***PLEASE USE YOUR CHILDS NAME FOLLOWED BY A21 AS A REFERENCE**

By signing this registration form we understand, accept and agree that:

1. Registration of our child as a prospective pupil does not secure our child a place at Atelier 21 but does ensure that our child will be considered for selection as a pupil.
2. If our child is offered a place at Atelier 21, such an offer will be subject to terms and conditions for the provision of educational services, which will bind us (as the holders of parental responsibility for him/her) in the event that we accept the place.
3. If applicable, Atelier 21 may request from our child's present school or educational institution (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplement charges.
4. Atelier 21 may process any personal data about us and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
Administering its list of prospective pupils;
Its registration, selection and/ or admissions procedures, including as set out above;
Communication with parents of prospective pupils about Atelier 21 and generally managing relationships between Atelier 21 and its prospective pupils.

*** We understand that from 01st June 2020 our deposit will become non refundable.**

First Signature:
Print Name:
Relationship to child:
Date:

Second Signature:
Print Name:
Relationship to child:
Date: