



ORWELL PARK SCHOOL

# Registration Form

Please complete this form and return it to the Registrar with a (non-returnable) registration fee of £100 (cheques should be made payable to Orwell Park School).

### Details of Candidate:

Name of Pupil (in full) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Current School \_\_\_\_\_

Year Group (eg. Year 5) \_\_\_\_\_ Year of Entry \_\_\_\_\_

Day pupil

Boarder (4 nights and above per week)

Day pupil with part-time boarding (between 1 and 3 nights per week)

### Details of persons having parental responsibility in order of contact preference:

#### Parent 1

Surname (Mr/Mrs/Ms) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home tel \_\_\_\_\_

Mobile tel \_\_\_\_\_

Email \_\_\_\_\_

#### Parent 2

Surname (Mr/Mrs/Ms) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home tel \_\_\_\_\_

Mobile tel \_\_\_\_\_

Email \_\_\_\_\_

I/We enclose a cheque for £100 Registration fee (per child). (cheques should be made payable to Orwell Park School)

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

When completed, please return this form together with your Registration fee to:

**Bernadette Ross-Smith, Registrar, Orwell Park School, Nacton, Ipswich, Suffolk IP10 0ER**

**Please complete as appropriate**

Present School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Headteacher's name \_\_\_\_\_

Type of School (Primary/Independent) \_\_\_\_\_ Date Started \_\_\_\_\_

\_\_\_\_\_

Are you aware of any learning difficulties your child may have, if so has he/she had a recent Ed Psych Assessment?

\_\_\_\_\_

\_\_\_\_\_

Please list names of any family members who are attending or have attended this school:

Name and relationship to candidate

Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you applying to any other schools?

Yes

No

If YES, please list below both state and independent schools:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Pupil: Mother / Father / Guardian

*Please note: If and when a place is offered and accepted you will be required to complete and sign the School's official agreement which will constitute the contract between yourselves and the school. In accordance with the School's data protection registration this information may be stored on computer.*